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| Fill in this information to identify your case: |   |                                      |
|---|---|--------------------------------------|
| United States Bankruptcy Court for the :        |   |                                      |
| NORTHERN District of ILLINOIS (State)           |   |                                      |
| Case Number (If known):                         | Chapter epiging under: Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a

joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and

| Pa | Identify Yourself  |                        |   |
|----|--|------------------------|---|
|    |  | About Debtor 1:        | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name   |                        |   |
|    | Write the name that is on your   | Warrin                 |   |
|    | government-issued picture  | First name             | First name                                    |
|    | identification (for example,<br>your driver's license or<br>passport). | Elijah                 |   |
|    |  | Middle name Porter     | Middle name                                   |
|    | Bring your picture identification to your meeting                      | Last name              | Last name                                     |
|    |  |                        |   |
| 2. | All other names you  |                        |   |
|    | have used in the last 8  | First name             | First name                                    |
|    | years  |                        |   |
|    | Include your married or maiden names.                                  | Middle name            | Middle name                                   |
|    |  |                        |   |
|    |  | First name             | First name                                    |
|    |  | Middle name            | Middle name                                   |
|    |  |                        |   |
| 3. | Only the last 4 digits of your Social Security                         | XXX - XX - <u>5844</u> | XXX - XX                                      |
|    | number or federal<br>Individual Taxpayer<br>Identification number      | OR                     | OR  |
|    | identification number  | 9xx - xx               | 9xx - xx                                      |

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Elijah Warrin Porter Debtor 1 Case Number (if known) First Name Middle Name Last Name About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer **Identification Numbers** (EIN) you have used in Business name Business name the last 8 years Include trade names and Business name Business name doing business as names Where you live If Debtor 2 lives at a different 1001 Beloit Ave. Number Street Number Street Unit 1 Forest Park IL 60130 City State ZIP Code City State ZIP Code If your mailing address is different from the If Debtor 2's mailing address is different one above, fill it in here. Note that the court will from the one above, fill it in here. Note that the court will send any notices this mailing address. send any notices to you at this mailing address. Number Street Number Street P.O. Box P.O. Box City State ZIP Code City State ZIP Code Check one: Why you are choosing Check one: this district to file for Over the last 180 days before filing this Over the last 180 days before filing this bankruptcy. I have lived in this district longer than in any I have lived in this district longer than in any other district. other district. I have another reason. Explain. I have another reason. Explain.

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Document Porter Elijah Warrin Debtor 1 Case Number (if known) \_ Last Name First Name Middle Name

| Pa  | Tell the Court About You  | r Bankruptcy                                | Case  |          |      |  |  |  |
|-----|---|---|---|----------|------|--|--|--|
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  | Filing for L  Chap  Chap  Chap              | Bankruptcy (Form<br>ter 7<br>ter 11<br>ter 12   | •        |      | Required by 11 U.S.C. § 342(b) for Individuals page 1 and check the appropriate box.                                 |  |  |
| 8.  | How you will pay the fee  | I will local yours subm with a local Applii | I pay the entire fee when I file my petition. Please check with the clerk's office in your I court for more details about how you may pay. Typically, if you are paying the fee self, you may pay with cash, cashier's check, or money order. If your attorney is mitting your payment on your behalf, your attorney may pay with a credit card or check a pre-printed address.  Let to pay the fee in installments. If you choose this option, sign and attach the lication for Individuals to Pay The Filing Fee in Installments (Official Form 103A).  Jouest that my fee be waived (You may request this option only if you are filing for Chapter 7. aw, a judge may, but is not required to, waive your fee, and may do so only if your income is than 150% of the official poverty line that applies to your family size and you are unable to the fee in installments). If you choose this option, you must fill out the Application to Have Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. |          |      |  |  |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | ■ No  | District None   |          | When | Case Number  MM / DD / YYYY  Case Number  MM / DD / YYYY  Case Number  MM / DD / YYYY                                |  |  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business parter, or by affiliate? | ■ No  | District  |          | When | Relationship to you Case Number, if known  MM / DD / YYYY  Relationship to you Case Number, if known  MM / DD / YYYY |  |  |
| 11. | Do you rent your residence?   | □ No. ■ Yes.                                | residence?  No. Go to   | line 12. |      | ent against you and do you want to stay in your  Eviction Judgment Against You (Form 101A) and file it               |  |  |

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| Debto     | <sub>r 1</sub> Warrin   | Elijah                      | Porter Case Number (if known)   |
|-----------|---|-----------------------------|---|
|           | First Name  | Middle Name                 | Last Name   |
| Par       | 13: Report About Any Busin  | nesses You Ow               | n as a Sole Proprietor  |
|           |   |                             |   |
|           | Are you a sole proprietor of any full- or part-time business?   | ■ No.<br>□ Yes.             | Go to Part 4.  Name and location of business  |
| bu<br>inc | A sole proprietorship is a<br>business you operate as an<br>individual, and is not a<br>separate legal entity such as   |                             | Name of business, if any  |
|           | a corporation, partnerhsip, or LLC.  If you have more than one sole proprietorship, use a   |                             | Number Street   |
|           |   |                             | City State Zip Code   |
|           |   |                             | Check the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. § 101(27A))   |
|           |   |                             | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(27A))   |
|           |   |                             | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  |
|           |   |                             | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))   |
|           |   |                             |   |
|           | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and<br>are you a <i>small business</i><br><i>debtor</i> ?<br>For a definition of <i>small</i><br><i>business debtor</i> , see<br>11 U.S.C. § 101(51D). | set approrecent bathese doc | e filing under Chapter 11, the court must know whether you are a small business debtor so that it can opriate deadlines. If you indicate that you are a small business debtor, you must attach your most allance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of cuments do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  I am not filing under Chapter 11.  I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |
|           |   | ☐<br>Yes.                   | I am filing under Chapter 11 and I am a small business debtor according to the definition in the  |
| Par       | t 4: Report if You Own or H   | ave Any Hazard              | dous Property or Any Property That Needs Immediate Attention  |
|           | Do you own or have any<br>property that poses or is<br>alleged to pose a threat   | No.                         | What is the hazard?   |
|           | of imminent and indentifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or ock  |                             | If immediate attention is needed, why is it needed?   |
|           |   |                             | Where is the property?  |

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Debtor 1

Part 5:

Warrin Elijah Document Porter

Page 5 of 61 Case Number (if known)

First Name Middle Name Last Name

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors

| About Debtor 1: |  |
|-----------------|--|

| About Debtor 1:  |     |
|--|-----|
| You must check one:  |     |
| I received a briefing from an approved credit counseling agency within the 180 days before   |     |
| filed this bankruptcy petition, and I received a certificate of completion.  |     |
| Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.   |     |
| I received a briefing from an approved credit counseling agency within the 180 days before   |     |
| filed this bankruptcy petition, but I do not have a  |     |
| certificate of completion.   |     |
| Within 14 days after you file this bankruptcy petition,  |     |
| you MUST file a copy of the certificate and payment plan, if any.  |     |
| I certify that I asked for credit counseling<br>services from an approved agency, but was<br>unable to obtain those services during the 7<br>days after I made my request, and exigent   |     |
| circumstances merit a 30-day temporary waiver  |     |
| of the requirement.  |     |
| To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. |     |
| Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.  If the court is satisfied with your reasons, you must still receive a briefing within 30 days after                               | you |
| file.  You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.   |     |

I am not required to receive a briefing about credit counseling because of:

Any extension of the 30-day deadline is granted

only for cause and is limited to a maximum of 15

days.

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

| About Debtor 2 (Spouse Only in a Joint Case):  |
|--|
| You must check one:  |
| I received a briefing from an approved credit counseling agency within the 180 days before |
| filed this bankruptcy petition, and I received a certificate of completion.                |
| Attach a copy of the certificate and the payment   |
| I received a briefing from an approved credit counseling agency within the 180 days before |
| filed this bankruptcy petition, but I do not   |
| have a   |
| certificate of completion.   |
| Within 14 days after you file this bankruptcy petition,                                    |
| you MUST file a copy of the certificate and payment plan, if any.                          |
| I certify that I asked for credit counseling   |
| services from an approved agency, but was  |
| unable to obtain those services during the 7   |
| days after I made my request, and exigent  |
| circumstances merit a 30-day temporary waiver  |
| of the requirement.  |
| To ask for a 30-day temporary waiver of the  |
| requirement, attach a separate sheet explaining  |
| what efforts you made to obtain the briefing, why  |
| you were unable to obtain it before you filed for  |
| bankruptcy, and what exigent circumstances required you to file this case.                 |
| . Squared for to the the edge.   |
| Your case may be dismissed if the court is   |
| dissatisfied with your reasons for not receiving a   |
| briefing before you filed for bankruptcy.  |
| If the court is satisfied with your reasons, you must                                      |

still receive a briefing within 30 days after ou must file a certificate from the approved agency, along with a copy of the payment plan you

developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. you

| Case 16-3048  Debtor 1 Warrin   | 36 Doc 1  Elijah  | Filed 09/26/16<br>Document  | Entered 09/26/16 10:0 Page 6 of 61  Case Number (if k  |  |
|---|---|---|--|--|
| First Name  | Middle Name   | Last Name   | · ·  | ,  |
| Part 6: Answer These Questions  | s for Reporting Purp  | oses  |  |  |
| 16. What kind of debts do you have?   | as "incurred" No. G Yes. (19)  16b. Are your money for Mo. G Yes. (19)  | ed by an individual primarily to to line 16b. Go to line 17.  debts primarily busine a business or investment of to to line 16c. Go to line 17.                             | mer debts? Consumer debts are defined for a personal, family, or household put as debts? Business debts are debts for through the operation of the business debts are not consumer debts or business debts.  | urpose." that you incurred to obtain s or investment.                                      |
| 17. Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and | Yes. I am<br>adm  | inistrative expenses are pa   | Go to line 18.  you estimate that after any exempt proid that funds will be available to distribu  |  |
| administrative expenses<br>are paid that funds will be<br>available for distribution                |   | √es.  |  |  |
| 18. How many creditors do you estimate that you owe?  | ■ 1-49<br>□ <sub>50-99</sub><br>□ <sub>100-199</sub>  |   | □ 1,000-5,000<br>□ 5,001-10,000<br>□ <sub>10,001-25,000</sub>  | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000                                 |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$<br>\$100,001-   | 100,000   | □ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion       |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$<br>\$100,001-   | 100,000<br>\$500,000  | □ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □  | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion |
| Part 7: Sign Below  |   |   |  |  |
| For you   | orrect.  If I have chosen of title 11, Unite under Chapter 7.  If no attorney rethis document, I request relief in I understand maconnection with both. | to file under Chapter 7, I add States Code. I understan 7.  presents me and I did not put have obtained and read that accordance with the chaptaking a false statement, cor | e under penalty of perjury that the inform<br>m aware that I may proceed, if eligible,<br>d the relief available under each chapte<br>bay or agree to pay someone who is no<br>be notice required by 11 U.S.C. § 342(b<br>other of title 11, United States Code, spec-<br>incealing property, or obtaining money of<br>ult in fines up to \$250,000, or imprisonal | or property by fraud in  |

09/23/2016

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| Debtor 1  | vvarrin            | Elijan  | Porter          | Case Number (if | known) _ |                   |  |  |
|---|--------------------|---|-----------------|-----------------|----------|-------------------|--|--|
|   | First Name         | Middle Name   | Last Name       |                 |          |                   |  |  |
| For your attorney, if you are represented by one if you are not represented |                    | I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an  |                 |                 |          |                   |  |  |
| •   | torney, you do not |   |                 |                 |          |                   |  |  |
| need to file this page.   | file this page.    | ★ /s/ David Kosk  Date  D |                 |                 |          | : 09/23/2016      |  |  |
|   |                    | Signature of Atto   | rney for Debtor |                 | MM / D   | DD / YYYY         |  |  |
|   |                    |   |                 |                 |          |                   |  |  |
|   |                    | David Ko  | osk             |                 |          |                   |  |  |
|   |                    | Printed name  |                 |                 |          |                   |  |  |
|   |                    | Geraci Law L.L.C.   |                 |                 |          |                   |  |  |
|   |                    | Firm name   |                 |                 |          |                   |  |  |
|   |                    | 55 E. Monroe St., #3400   |                 |                 |          |                   |  |  |
|   |                    | Number Stree  | t               |                 |          |                   |  |  |
|   |                    |   |                 |                 |          |                   |  |  |
|   |                    | Chicago   |                 | IL              | 6060     | 03                |  |  |
|   |                    | City  |                 | State           | ZII      | P Code            |  |  |
|   |                    | Contact Phone _   | 312-332-1800    | Email addr      | ess      | dil@geracilaw.com |  |  |
|   |                    | 6309470   |                 | IL              |          |                   |  |  |
|   |                    | Bar number  |                 | State           | _        |                   |  |  |

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| Fill in this in  | Fill in this information to identify your case: |             |           |  |  |  |
|--|---|-------------|-----------|--|--|--|
| Debtor 1   | Warrin  | Elijah      | Porter    |  |  |  |
|  | First Name                                      | Middle Name | Last Name |  |  |  |
| Debtor 2   |   |             |           |  |  |  |
| (Spouse, if filing)  | First Name                                      | Middle Name | Last Name |  |  |  |
| United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> |   |             |           |  |  |  |
| Case Number  | r   |             | (State)   |  |  |  |
|  |   |             |           |  |  |  |

# Official Form 106Sum

## **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after

| Summarize Your Assets  |                                   |
|--|-----------------------------------|
|  |                                   |
|  | Your assets Value of what you own |
| Schedule A/B: Property (Official Form 106A/B)  |                                   |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | \$0                               |
|  | \$ 1,450                          |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | 0.4.450                           |
|  | \$ 1,450                          |
|  |                                   |
|  |                                   |
| Summarize Your Liabilities   |                                   |
|  | Your liabilities                  |
|  | Amount vou ouro                   |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)   | Amount you owe                    |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D   |                                   |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D   | \$0                               |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | \$0<br>\$0                        |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$0 \$20,003                      |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$0<br>\$0                        |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0<br>\$0                        |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$0<br>\$0                        |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  Summarize Your Liabilities  Schedule I: Your Income (Official Form 106I)       | \$0<br>\$0<br>\$20,003            |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$0<br>\$0                        |

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Warrin Elijah Debtor 1 Case Number (if known) \_ First Name Last Name Middle Name **LiabilitiesAmount EntriesDescription** <u>AssetsAmount</u> **Answer These Questions for Administrative and Statistical Records** Part 4: 6. Are you filing for bankruptcy under Chapter 7, 11 or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from \$ 2,167.85 Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Total claim From Part 4 of Schedule E/F, copy the following: \$ 0.00 9a. Domestic support obligations (Copy line 6a.) 0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 1,740.00 9d. Student loans. (Copy line 6f.) 0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) 1,740.00

|  | Caso 16   | 30496 Doc 1   | Filad 00/26/16   | Entered 09/26/16 10:00:4      | 8 Des   | sc Main   |          |
|--|---|---|--|-------------------------------|---------|---|----------|
| Fill in this in  | formation to ide  | ntify your case and this filing   |  | 0 of 61                       |         |   |          |
| Debtor 1   | Warrin  | Elijah  | Porter   |                               |         |   |          |
| D.H.   | First Name  | Middle Name   | Last Name  |                               |         |   |          |
| Debtor 2<br>(Spouse, if filing)  | First Name  | Middle Name   | Last Name  |                               |         |   |          |
| United States  | Bankruptcy Court fo   | or the : <u>NORTHERN</u> District of  | of <u>ILLINOIS</u>   |                               |         |   |          |
| Case Number  |   |   | (State)  |                               |         | Check if this i   | s an     |
| (If known)   | - 10CA  | /D  |  |                               |         | amended filin   | g        |
|  | orm 106A  |   |  |                               |         |   |          |
| n each category<br>ategory where<br>esponsible for<br>ages, write you                              | you think it fits<br>supplying corre<br>ur name and cas<br>Describe Each Re | and describe items. List an abest. Be as complete and acc                   | curate as possible. If two m<br>is needed, attach a separa<br>every question.<br>er Real Esate You Own or Ha |                               | equally |   | 12/15    |
| No. Yes.   | Describe  |   |  |                               |         |   |          |
|  | _   | oortion you own for all of you<br>I.Write that number here                  |  | ng any entries for pages<br>> |         |   | \$0.00   |
| Part 2:  | Describe Your Vel   | nicles  |  |                               |         |   |          |
| you own that so  03. Cars, vans  No.  Yes.  04. Watercraft.  Examples:  No.  Yes.  5. Add the doll | Describe Describe Describe Describe   | -   | report it on Schedule G: Ex<br>rcycles<br>eational vehicles, other veh<br>ssels, snowmobiles, motorcycle     | accessories                   |         |   | \$ 0.00  |
| Part 3:  | Describe Your Per   | sonal and Household Items   |  |                               |         |   |          |
| Do you own or  | have any legal  | or equitable interest in any o  | f the following items?   |                               |         | Current value of portion you own Do not deduct secu or exemptions | ?        |
|  | I goods and furn<br>Major appliances, f<br>Describe                         | urniture, linens, china, kitchenware  |  |                               |         |   |          |
| 07. Electronics  Examples:   |   | Furniture, linens, small appliance  |  | rs, scanners; music           | \$1,000 | \$  | 1,000.00 |
| collections; No. Yes.  | electronic devices  Describe  | including cell phones, cameras, m   | edia players, games  |                               | \$200   |   |          |
|  | Antiques and figuri   | nes; paintings, prints, or other artwollections; other collections, memoral |  | objects;                      | 73      | \$  | 200.00   |
| No. Yes.   | Describe  |   |  |                               |         | \$  | 0.00     |

Official Form 106A/B Record # 699070 Schedule A/B: Property Page 1 of 6

Case 16-30486 Doc 1 Warrin Debtor 1

Desc Main

0.00

First Name 09. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No. Yes. Describe..... 0.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No. Yes Describe..... 0.00 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No. Yes. Describe..... \$100 Everyday clothes, shoes, accessories 100.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No. Describe..... 0.00 13. Non-farm animals Examples: Dogs, cats, birds, horses No. Yes. Describe..... 0.00 14. Any other personal and household items you did not already list, including any health aids you did not list No. Yes. Describe..... Books, CDs, DVDs & Family Photos \$50 50.00 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,350.00 for Part 3. Write that number here ----**Describe Your Financial Assets** Part 4: Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No. Describe..... Yes. 0.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No. Account Type: Institution name: Yes. Describe..... Other financial account Pre-paid debit 100.00 100.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No. Describe..... Institution or issuer name: Yes. 0.00 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in No. Describe..... Name of Entity and Percent of Ownership:

Debtor 1

Case 16-30486 <u>W</u>arrin

Doc 1

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First Name

| 20. |                           |                                   |   |   |         |
|-----|---------------------------|-----------------------------------|---|---|---------|
|     | No. Yes.                  | Describe                          | Issuer name:  | \$  | 0.00    |
| 21. |                           | or pension accenterests in IRA, E | counts RISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans   | <u> </u>  |         |
|     | Yes.                      | Describe                          | Type of account and Institution name:   | ¢   | 0.00    |
| 22. | Your share                |                                   | payments  posits you have made so that you may continue service or use from a company andlords, prepaid rent, public utilities (electric, gas, water), telecommunications | <u> </u>  | <u></u> |
| 23. | Yes.                      | Describe  A contract for a        | Institution name or individual:  a periodic payment of money to you, either for life or for a number of years)  | \$  | 0.00    |
|     | No. Yes.                  | Describe                          | Issuer name and description:  |   |         |
| 24. |                           |                                   | RA, in an account in a qualified ABLE program, or under a qualified state tuition program. (b), and 529(b)(1).  | \$  | 0.00    |
|     | Yes.                      | Describe                          | Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):  | •   | 0.00    |
| 25. | Trusts, equ               | iitable or future                 | interests in property (other than anything listed in line 1), and rights or powers  | <b>\$</b>   | 0.00    |
|     | Yes.                      | Describe                          |   | \$  | 0.00    |
| 26. |                           |                                   | marks, trade secrets, and other intellectual property ames, websites, proceeds from royalties and licensing agreements  | <u> </u>  |         |
|     | Yes.                      | Describe                          |   | \$  | 0.00    |
| 27. |                           |                                   | other general intangibles xclusive licenses, cooperative association holdings, liquor licenses, professional licenses   |   |         |
|     | Yes.                      | Describe                          |   | \$  | 0.00    |
| Мо  | ney or prop               | erty owed to yo                   | u?  | Current value of the portion you own? Do not deduct secured clor exemptions | aims    |
| 28. | Tax refund                | s owed to you                     |   |   |         |
|     | Yes.                      | Describe                          |   | \$  | 0.00    |
| 29. | Family sup<br>Examples: I | -                                 | sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement   | <b>-</b>  |         |
|     | Yes.                      | Describe                          |   | \$  | 0.00    |
| 30. | Examples: I               |                                   | bwes you ability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, id loans you made to someone else                                |   |         |
|     | Yes.                      | Describe                          |   | \$  | 0.00    |

Schedule A/B: Property

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| 31.               | Interest in   | insurance polic  | les es  |   |                                    |
|-------------------|---|--|---|---|------------------------------------|
|                   | Examples: I   | Health, disability, c  | r life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  |   |                                    |
|                   | No.   |  | Company Name & Beneficiary:   |   |                                    |
|                   | Yes.  | Describe   |   |   |                                    |
|                   |   |  |   | \$  | 0.00                               |
| 32.               | Any interes   | st in property th  | at is due you from someone who has died   |   |                                    |
|                   | -   | -  | living trust, expect proceeds from a life insurance policy, or are currently entitled to receive  |   |                                    |
|                   | property be   | cause someone ha   | as died.  |   |                                    |
|                   | No.   |  |   |   |                                    |
|                   | Yes.  | Describe   |   |   |                                    |
|                   |   |  |   | \$  | 0.00                               |
| 33.               | Claims aga  | inst third partie  | s, whether or not you have filed a lawsuit or made a demand for payment   |   |                                    |
|                   | Examples: /   | Accidents, employ  | ment disputes, insurance claims, or rights to sue   |   |                                    |
|                   | No.   |  |   |   |                                    |
|                   | Yes.  | Describe   |   |   |                                    |
|                   | · <u></u>   |  |   | \$  | 0.00                               |
| 34.               | Other cont  | ingent and unlic   | quidated claims of every nature, including counterclaims of the debtor and rights   |   |                                    |
|                   | No.   |  |   |   |                                    |
|                   | Yes.  | Describe   |   |   |                                    |
|                   |   | 200020   |   | \$  | 0.00                               |
| 35.               | Any financ  | ial assets vou d   | id not already list   | ¥   |                                    |
|                   | No.   | ,  |   |   |                                    |
|                   | =   | December   |   |   |                                    |
|                   | Yes.  | Describe   |   | •   | 0.00                               |
|                   |   |  |   | ⊅   | 0.00                               |
| 26                | Add the de  | ller value of all  | of your antring from Part 4, including any antring for pages you have attached  |   |                                    |
|                   |   |  | of your entries from Part 4, including any entries for pages you have attached  |   | \$100.00                           |
|                   | tor Part 4. V   | vrite that numb  | er here>  |   |                                    |
|                   |   |  |   |   |                                    |
| F                 | Part 5:   | escribe Any Bus  | iness-Related Property You Own or Have an Interest In. List any real estate in Part 1.  |   |                                    |
| 37.               | Do you ow   | n or have any le   | gal or equitable interest in any business-related property?   |   |                                    |
|                   |   |  |   |   |                                    |
|                   | No.   |  |   |   |                                    |
|                   | =   |  |   |   |                                    |
|                   | No. Yes.  |  |   |   |                                    |
|                   | =   |  |   | Current value                                       |                                    |
|                   | =   |  |   | portion you ov                                      | vn?                                |
|                   | =   |  |   | portion you ov<br>Do not deduct se                  | vn?                                |
|                   | Yes.  |  |   | portion you ov                                      | vn?                                |
|                   | Yes.  | receivable or co   | mmissions you already earned  | portion you ov<br>Do not deduct se                  | vn?                                |
|                   | Yes.  | receivable or co   | mmissions you already earned  | portion you ov<br>Do not deduct se                  | vn?                                |
|                   | Yes.  | receivable or co   | mmissions you already earned  | portion you ov<br>Do not deduct se                  | vn?                                |
| 38.               | Accounts r  | Describe   |   | portion you ov<br>Do not deduct se                  | vn?                                |
| 38.               | Accounts r  | Describe   | ngs, and supplies   | portion you ov<br>Do not deduct se                  | vn?<br>cured claims                |
| 38.               | Accounts r  | Describe   |   | portion you ov<br>Do not deduct se                  | vn?<br>cured claims                |
| 38.               | Accounts r  | Describe   | ngs, and supplies   | portion you ov<br>Do not deduct se                  | vn?<br>cured claims                |
| 38.               | Accounts r No. Yes.  Office equi  | Describe   | ngs, and supplies   | portion you ov<br>Do not deduct se                  | vn?<br>cured claims                |
| 38.               | Accounts r No. Yes.  Office equi Examples: I  | Describe<br>ipment, furnishi<br>Business-related c                                 | ngs, and supplies   | portion you ov<br>Do not deduct se                  | vn?<br>cured claims                |
| 38.               | Accounts r No. Yes.  Office equi Examples: I No. Yes.   | Describe  ipment, furnishi Business-related c  Describe                            | ngs, and supplies   | portion you ov<br>Do not deduct se<br>or exemptions | vn?<br>cured claims<br>0.00        |
| 38.               | Accounts r No. Yes.  Office equi Examples: I No. Yes.   | Describe  ipment, furnishi Business-related c  Describe                            | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  | portion you ov<br>Do not deduct se<br>or exemptions | vn?<br>cured claims<br>0.00        |
| 38.               | Accounts r No. Yes.  Office equi Examples: I No. Yes.   | Describe  ipment, furnishi Business-related c  Describe  fixtures, equip           | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  | portion you ov<br>Do not deduct se<br>or exemptions | vn?<br>cured claims<br>0.00        |
| 38.               | Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No.   | Describe  ipment, furnishi Business-related c  Describe                            | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  | portion you ov<br>Do not deduct se<br>or exemptions | vn?<br>cured claims<br>0.00        |
| 38.<br>39.        | Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No. Yes.  | Describe  ipment, furnishi Business-related c  Describe  fixtures, equip           | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  | portion you ov<br>Do not deduct se<br>or exemptions | vn? cured claims  0.00             |
| 38.<br>39.        | Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, Yes.  Inventory                                     | Describe  ipment, furnishi Business-related c  Describe  fixtures, equip           | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  | portion you ov<br>Do not deduct se<br>or exemptions | vn? cured claims  0.00             |
| 38.<br>39.        | Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No. Yes.  Inventory No.                             | Describe  ipment, furnishi Business-related c  Describe  fixtures, equip  Describe | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  | portion you ov<br>Do not deduct se<br>or exemptions | vn? cured claims  0.00             |
| 38.<br>39.        | Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, Yes.  Inventory                                     | Describe  ipment, furnishi Business-related c  Describe  fixtures, equip           | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  | portion you ov Do not deduct se or exemptions  \$   | vn? cured claims  0.00  0.00       |
| 38.<br>39.<br>40. | Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No. Yes.  Inventory No. Yes.                        | Describe  pment, furnishi Business-related c  Describe  fixtures, equip  Describe  | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade   | portion you ov<br>Do not deduct se<br>or exemptions | vn? cured claims  0.00             |
| 38.<br>39.<br>40. | Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No. Yes.  Inventory No. Yes.                        | Describe  pment, furnishi Business-related c  Describe  fixtures, equip  Describe  | ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade  or joint ventures   | portion you ov Do not deduct se or exemptions  \$   | vn? cured claims  0.00  0.00       |
| 38.<br>39.<br>40. | Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No. Yes.  Inventory No. Yes.  Interests in No.      | Describe  Describe  Describe  fixtures, equip  Describe  Describe                  | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade   | portion you ov Do not deduct se or exemptions  \$   | vn? cured claims  0.00  0.00       |
| 38.<br>39.<br>40. | Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No. Yes.  Inventory No. Yes.                        | Describe  pment, furnishi Business-related c  Describe  fixtures, equip  Describe  | ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade  or joint ventures   | portion you ov Do not deduct se or exemptions  \$   | vn? cured claims  0.00  0.00  0.00 |
| 38.<br>39.<br>41. | Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No. Yes.  Inventory No. Yes.  Interests in No. Yes. | Describe  Describe  Describe  Describe  Describe  Describe                         | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade  r joint ventures  Name of Entity and Percent of Ownership: | portion you ov Do not deduct se or exemptions  \$   | vn? cured claims  0.00  0.00       |
| 38.<br>39.<br>41. | Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No. Yes.  Inventory No. Yes.  Interests in No. Yes. | Describe  Describe  Describe  Describe  Describe  Describe                         | ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade  or joint ventures   | portion you ov Do not deduct se or exemptions  \$   | vn? cured claims  0.00  0.00  0.00 |
| 38.<br>39.<br>41. | Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No. Yes.  Inventory No. Yes.  Interests in No. Yes. | Describe  Describe  Describe  Describe  Describe  Describe                         | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade  r joint ventures  Name of Entity and Percent of Ownership: | portion you ov Do not deduct se or exemptions  \$   | vn? cured claims  0.00  0.00  0.00 |
| 38.<br>39.<br>41. | Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No. Yes.  Inventory No. Yes.  Interests in No. Yes. | Describe  Describe  Describe  Describe  Describe  Describe                         | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade  r joint ventures  Name of Entity and Percent of Ownership: | portion you ov Do not deduct se or exemptions  \$   | vn? cured claims  0.00  0.00  0.00 |

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44. Any business-related property you did not already list Nο Describe..... 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$ 0.00 for Part 5. Write that number here ..... Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Yes. Describe..... 0.00 47. Farm animals Examples: Livestock, poultry, farm-raised fish No. Describe..... 0.00 48. Crops-either growing or harvested No. Describe..... 0.00 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No. Yes. Describe..... 0.00 50. Farm and fishing supplies, chemicals, and feed Yes. Describe..... 0.00 51. Any farm- and commercial fishing-related property you did not already list Describe..... 0.00 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached \$0.00 for Part 6. Write that number here ----Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. Describe..... Yes. 0.00 \$0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... -->

Case 16-30486 Doc 1 Warrin Debtor 1

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| Part 8: List the Totals of Each Part of this Form                       |             |             |
|---|-------------|-------------|
| 55. Part 1: Total real estate, line 2                                   |             | \$ 0.00     |
| 56. Part 2: Total vehicles, line 5                                      | \$ 0.00     |             |
| 57. Part 3: Total personal and household items, line 15                 | \$ 1,350.00 |             |
| 58. Part 4: Total financial assets, line 36                             | \$ 100.00   |             |
| 59. Part 5: Total business-related property, line 45                    | \$ 0.00     |             |
| 60. Part 6: Total farm- and fishing-related property, line 52           | \$ 0.00     |             |
| 61. Part 7: Total other property not listed, line 54                    | \$ 0.00     |             |
| 62. <b>Total personal property.</b> Add lines 56 through 61             | \$ 1,450.00 | \$ 1,450.00 |
| 63. <b>Total of all property on Schedule A/B.</b> Add line 55 + line 62 |             | \$1,450.00  |

Official Form 106A/B Page 6 of 6 Record # 699070 Schedule A/B: Property

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| Fill in this in     | Fill in this information to identify your case: |                                       |                 |  |  |  |
|---------------------|---|---------------------------------------|-----------------|--|--|--|
| Debtor 1            | Warrin  | Elijah                                | Porter          |  |  |  |
|                     | First Name                                      | Middle Name                           | Last Name       |  |  |  |
| Debtor 2            |   |                                       |                 |  |  |  |
| (Spouse, if filing) | First Name                                      | Middle Name                           | Last Name       |  |  |  |
| United States       | Bankruptcy Court for                            | r the : <u>NORTHERN</u> District of _ | ILLINOIS(State) |  |  |  |
| Case Number         | r   |                                       | (State)         |  |  |  |
| (If known)          |   |                                       |                 |  |  |  |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identif         | y the Property You Claim as Exempt                               |                                      |   |                                      |
|-------------------------|--|--------------------------------------|---|--------------------------------------|
| Which set of ex         | emptions are you claiming? Check                                 | k one only, even if your spo         | ouse is filing with you.  |                                      |
| You are clair           | ming state and federal nonbankrupt                               | cy exemptions . 11 U.S.C.            | § 522(b)(3)   |                                      |
| You are clair           | ming federal exemptions. 11 U.S.C.                               | § 522(b)(2)                          |   |                                      |
|                         |  |                                      |   |                                      |
| For any propert         | y you list on <i>Schedule A/B</i> that yo                        | u claim as exempt, fill in t         | the information below.  |                                      |
| •                       | on of the property and line on<br>hat lists this property        | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption   |
|                         |  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                      |
| Brief description:      | Furniture, linens, small appliances, table & chairs, bedroom set | \$ <u>1,000</u>                      | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$1,000.00   |
| Line from Schedule A/B: | 06   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief description:      | TV, gaming system, cell phone                                    | \$_200                               | <u></u> \$  | 735 ILCS 5/12-1001(b) - \$200.00     |
| Line from Schedule A/B: | 07   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief description:      | Everyday clothes, shoes, accessories                             | \$_ 100                              | <u></u>   | 735 ILCS 5/12-1001(a),(e) - \$100.00 |
| Line from Schedule A/B: | <u>11</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief description:      | Books, CDs, DVDs & Family<br>Photos                              | <u>\$</u> 50                         | <b></b>   | 735 ILCS 5/12-1001(a) - \$50.00      |
| Line from Schedule A/B: | 14   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
|                         |  |                                      |   |                                      |
| official Form 106C      | Record # 699070  | Schedule C: T                        | he Property You Claim as Exempt                                 | Page 1 of 2                          |

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Middle Name

|    | Part 2: Addit           | ional Page  |                                      |   |                                    |
|----|-------------------------|---|--------------------------------------|---|------------------------------------|
|    |                         | on of the property and line on that lists this property | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |
|    |                         |   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                    |
|    | Brief description:      | Other financial account, Pre-paid debit , 100.00        | \$_100                               | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$100.00   |
|    | Line from Schedule A/B: | <u>17</u>   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. | Are you claiming        | g a homestead exemption of mo                           | re than \$155,675?                   |   |                                    |
|    | (Subject to adju        | stment on 4/01/16 and every 3 year                      | ers after that for cases filed o     | on or after the date of adjustment .)                           |                                    |
|    | No.                     |   |                                      |   |                                    |
|    | Yes. Did you            | acquire the property covered by t                       | he exemption within 1,215 d          | days before you filed this case?                                |                                    |
|    | □ No □ Yes.             |   |                                      |   |                                    |
|    | in res.                 |   |                                      |   |                                    |
|    |                         |   |                                      |   |                                    |
|    |                         |   |                                      |   |                                    |
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|    |                         |   |                                      |   |                                    |
|    |                         |   |                                      |   |                                    |
|    |                         |   |                                      |   |                                    |
|    |                         |   |                                      |   |                                    |
|    |                         |   |                                      |   |                                    |
|    |                         |   |                                      |   |                                    |
|    |                         |   |                                      |   |                                    |
|    |                         |   |                                      |   |                                    |
|    |                         |   |                                      |   |                                    |
|    |                         |   |                                      |   |                                    |
|    |                         |   |                                      |   |                                    |
|    |                         |   |                                      |   |                                    |
|    |                         |   |                                      |   |                                    |
|    |                         |   |                                      |   |                                    |
|    |                         |   |                                      |   |                                    |
| С  | Official Form 1060      | Record # 699070   | Schedule C: T                        | he Property You Claim as Exempt                                 | Page 2 of 2                        |

| Fill in this          | Caso 16<br>s information to ident |  | Filod 00/26/16                | Entered 0<br>8 of   |                     | 0:00:48  | Desc Main  |                          |
|-----------------------|-----------------------------------|--|-------------------------------|---------------------|---------------------|--|--|--------------------------|
| Debtor 1              | Warrin                            | Elijah   | Porter                        |                     |                     |  |  |                          |
|                       | First Name                        | Middle Name  | Last Name                     |                     |                     |  |  |                          |
| Debtor 2              |                                   |  |                               |                     |                     |  |  |                          |
| (Spouse, if filin     | ng) First Name                    | Middle Name  | Last Name                     |                     |                     |  |  |                          |
| United Sta            | ites Bankruptcy Court for         | the : <u>NORTHERN</u> District of                                    |                               |                     |                     |  |  |                          |
| Case Num              | nber                              |  | (State)                       |                     |                     |  | Check if this                                      | is an                    |
| (If known)            |                                   |  |                               |                     |                     |  | amended fili                                       | ng                       |
| Schedu<br>Be as compl | ete and accurate as p             | rs Who Have Clain  | e are filing together, both   | h are equally resp  |                     |  |  | 12/15                    |
|                       |                                   | e and case number (if known)   |                               | intries, and attach | it to this form.    | on the top of an                                   | у  |                          |
| 1. Do any o           | creditors have claims             | secured by your property?  |                               |                     |                     |  |  |                          |
| No.                   | Check this box and su             | ubmit this form to the court with                                    | າ your other schedules. Yo    | ou have nothing el  | se to report on the | nis form.  |  |                          |
| Yes.                  | Fill in all of the inform         | ation below.   |                               |                     |                     |  |  |                          |
| Part 1:               | List All Secured Cla              | ims  |                               |                     |                     |  |  |                          |
| 2. List all           | secured claims If a               | creditor has more than one sec                                       | cured claim, list the credity | or senarately       |                     | umn A  | Column A   | Column C                 |
| for each              | h claim. If more than             | one creditor has a particular cla<br>claims in alphabetical order ac | aim, list the other creditors | s in Part 2.        | Doı                 | ount of claim<br>not deduct the<br>e of collateral | Value of collateral<br>that supports this<br>claim | Unsecured portion If any |
|                       |                                   |  |                               |                     |                     |  |  |                          |

Page 1 of 1

|  |  |  | Eilad 00/26/16   | Entered 09/26/16 10:00:4  | 8 Desc Main                        | 1                        |
|--|--|--|--|---|------------------------------------|--------------------------|
| Fill in this   | information to identify your   | case:  |  | 9 of 61   |                                    |                          |
| Debtor 1   | Warrin   | Elijah   | Porter   |   |                                    |                          |
|  | First Name   | Middle Name  | Last Name  |   |                                    |                          |
| Debtor 2<br>(Spouse, if filing   | g) First Name  | Middle Name  | Last Name  |   |                                    |                          |
| (Spouse, ir illing   | g) Pilstivallie  | Wildle Name  | Lastivanie   |   |                                    |                          |
| United Stat  | es Bankruptcy Court for the : <u>N</u>   | ORTHERN District   | of <u>ILLINOIS</u><br>(State)  |   | П.,                                |                          |
| Case Numb  | per  |  |  |   | <del></del>                        | if this is an            |
|  | E 400E/E   |  |  |   | amende                             | ed IIIIng                |
| Jπiciai  | Form 106E/F  |  |  |   |                                    | 12/15                    |
| le as comple<br>ist the other<br>I/B: Property<br>reditors with<br>eeded, copy | party to any executory cont<br>(Official Form 106A/B) and<br>partially secured claims that | Use Part 1 for cre<br>racts or unexpired<br>on Schedule G: Ex<br>at are listed in Sch<br>number the entrie<br>me and case numb | ditors with PRIORITY claim<br>leases that could result in<br>recutory Contracts and Une<br>edule D: Creditors Who Haves<br>in the boxes on the left. A | s and Part 2 for creditors with NONPRIORIT<br>a claim. Also list executory contracts on Sc<br>expired Leases (Official Form 106G). Do not<br>we Claims Secured by Property. If more spa<br>Attach the Continuation Page to this page. C | chedule<br>t include any<br>ace is |                          |
| 1. Do any c  | reditors have priority unsecu  | ured claims agains   | t you?   |   |                                    |                          |
| No.  | Go to Part 2.  |  |  |   |                                    |                          |
| Yes.   |  |  |  |   |                                    |                          |
| nonpriori<br>unsecure  | ty amounts. As much as poss  | ible, list the claims i<br>tion Page of Part 1.  | in alphabetical order accordi<br>If more than one creditor ho  | iority amounts, list that claim here and show to<br>ng to the creditor's name. If you have more the<br>olds a particular claim, list the other creditors in<br>uction booklet.)  Total cla  | nan two priority<br>in Part 3.     | Nonpriority              |
|  | l  |  |  |   | amount                             | amount                   |
| Part 2:  | List All of Your NONPRIORIT  | Y Unsecured Claims   | S  |   |                                    |                          |
| _  | reditors have nonpriority un   | _  | -  |   |                                    |                          |
| No. `  | You have nothing to report in  | this part. Submit th   | is form to the court with your   | r other schedules.  |                                    |                          |
| Yes.   |  |  |  |   |                                    |                          |
| nonpriori<br>included  | ty unsecured claim, list the cre   | editor separately for<br>editor holds a partic   | each claim. For each claim   | or who holds each claim. If a creditor has mo<br>listed, identify what type of claim it is. Do not<br>itors in Part 3.If you have more than three nor   | list claims already                |                          |
| 1ST.I  | FINL Invstmnt FUND   | 1  | 4.4.d!=!4  | 1978  |                                    | Total claim<br>\$ 530.00 |
| 7.1  | r's Name   | Las  | t 4 digits of account number   |   |                                    | <u> </u>                 |
|  | Governors Lake Dr  | Who  | en was the debt incurred?  | 2013-2014   |                                    |                          |
| Numbe  | er Street  | An   | of the date you file, the claim  | in. Charle all that apply   |                                    |                          |
|  |  |  | Contingent   | із. Спеск ан шасарріу.  |                                    |                          |
| Peacl  |  |  | Unliquidated   |   |                                    |                          |
|  | ves the debt? Check one.   | Zip Code   | Disputed   |   |                                    |                          |
| =  | or 1 only  |  |  |   |                                    |                          |
|  | or 2 only  |  | e of NONPRIORITY unsecure  | ed claim:   |                                    |                          |
| =  | or 1 and Debtor 2 only   |  | Student loans Obligations arising out of a sena  | ration agreement or divorce   |                                    |                          |
| =  | ast one of the debtors and another   | <del></del>  | Obligations arising out of a sepa<br>that you did not report as priority   |   |                                    |                          |
|  | ck if this claim relates to a<br>munity debt   |  | that you did not report as priority  Debts to pension or profit-sharing  |   |                                    |                          |
|  | aim subject to offest?   | Ш'   | = 11.5 to policion or profit offdiring   | 3 p   |                                    |                          |
| No   |  |  | Other. Specify Medical Deb   | t   |                                    |                          |
| Yes  |  |  |  |   |                                    |                          |

Doc 1 Filed 09/26/16 Entered 09/26/16 10:00:48 Desc Main Case 16-30486 Page 20 of 61 Case Number (if known) **Pocument** Warrin Elijah Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** ACS Systems \$ 3,827.00 Last 4 digits of account number \_\_\_\_ \_\_\_

| 9800 Center Parkway, Ste. 1100          | When was the debt incurred?                                       |                     |
|---|---|---------------------|
| Number Street                           |   |                     |
|   | As of the date you file, the claim is: Check all that apply.      |                     |
|   |   |                     |
| Houston TX 77036                        | Contingent  |                     |
| City State Zip Code                     | Unliquidated  |                     |
| /ho owes the debt? Check one.           | Disputed  |                     |
| Debtor 1 only                           |   |                     |
| Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                     |
| Debtor 1 and Debtor 2 only              | Student loans   |                     |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                     |
| Check if this claim relates to a        | that you did not report as priority claims                        |                     |
| community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                     |
| s the claim subject to offest?          |   |                     |
| No                                      | Other. Specify Debt Owed  |                     |
| Yes                                     | outon opeons  |                     |
| Angel Sanchez                           | Last 4 digits of account number 2326                              | <b>\$</b> _1,416.00 |
| Creditor's Name                         |   |                     |
| C/O Clerk, Fourth Mun Div               | When was the debt incurred?                                       |                     |
| Number Street                           |   |                     |
| 1500 Maybrook Dr #236                   | As of the date you file, the claim is: Check all that apply       |                     |
|   | As of the date you file, the claim is: Check all that apply.      |                     |
| Maywood IL 60153                        | Contingent  |                     |
| City State Zip Code                     | Unliquidated  |                     |
| /ho owes the debt? Check one.           | Disputed  |                     |
| Debtor 1 only                           |   |                     |
| Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                     |
| Debtor 1 and Debtor 2 only              | Student loans   |                     |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                     |
| Check if this claim relates to a        | that you did not report as priority claims                        |                     |
| community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                     |
| s the claim subject to offest?          |   |                     |
| No                                      | Other. Specify  |                     |
| Yes                                     | Callot: Opcorry   |                     |
| Capital One                             | Last 4 digits of account number                                   | <b>\$</b> 1,259.00  |
| Creditor's Name                         | <del></del>   |                     |
| PO Box 30285                            | When was the debt incurred?                                       |                     |
| Number Street                           |   |                     |
|   | As of the date you file, the claim is: Check all that apply.      |                     |
|   |   |                     |
| Salt Lake City UT 84130                 | Contingent  |                     |
| City State Zip Code                     | Unliquidated  |                     |
| /ho owes the debt? Check one.           | Disputed  |                     |
| Debtor 1 only                           |   |                     |
| Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                     |
| Debtor 1 and Debtor 2 only              | Student loans   |                     |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                     |
| Check if this claim relates to a        | that you did not report as priority claims                        |                     |
| community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                     |
| s the claim subject to offest?          | —   |                     |
| No                                      | Other. Specify Credit Card or Credit Use                          |                     |
|   |   |                     |

Record # 699070

Doc 1 Filed 09/26/16 Entered 09/26/16 10:00:48 Desc Main Case 16-30486 Page 21 of 61 Case Number (if known) **Pocument** Warrin Elijah Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 4.5 Cmre. 877-572-7555 **\$** 150.00 Last 4 digits of account number \_\_\_\_\_4746

| Ì | Creditor's Name 3075 E Imperial Hwy Ste            | When was the debt incurred? 2014-2014                             |                  |
|---|--|---|------------------|
|   | Number Street                                      | THION WAS ANG UGUL MICUNIEU:                                      |                  |
| ı | Number   |   |                  |
| ı | <del></del>  | As of the date you file, the claim is: Check all that apply.      |                  |
| ı | Brea CA 92821                                      | Contingent  |                  |
| ı | City State Zip Code                                | Unliquidated  |                  |
| ı | Who owes the debt? Check one.                      | Disputed  |                  |
| ı | Debtor 1 only                                      |   |                  |
| ı | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
| ı | Debtor 1 and Debtor 2 only                         | Student loans   |                  |
| ı | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
| ı | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| ı | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
| ı | Is the claim subject to offest?                    | Marian Debt   |                  |
| ı | Yes  | Other. Specify Medical Debt                                       |                  |
| Ī | 4.6 Credit One Bank                                | Last 4 digits of account number                                   | <b>\$</b> 695.00 |
| Ì | Creditor's Name                                    |   |                  |
| ı | PO Box 98873                                       | When was the debt incurred?                                       |                  |
| ı | Number Street                                      |   |                  |
| ı |  | As of the date you file, the claim is: Check all that apply.      |                  |
| ı |  | Contingent  |                  |
| ı | Las Vegas NV 89193                                 | Unliquidated  |                  |
| ı | City State Zip Code  Who owes the debt? Check one. | Disputed  |                  |
| ı | Debtor 1 only                                      |   |                  |
| ı | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
| ı | Debtor 1 and Debtor 2 only                         | Student loans   |                  |
| ı | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
| ı | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| ı | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
| ı | Is the claim subject to offest?                    |   |                  |
| ı | No   | Other. Specify Credit Card or Credit Use                          |                  |
| ļ | Yes Yes  |   | . 710.00         |
| Į | 4.7 Easypay/DVRA                                   | Last 4 digits of account number                                   | \$ <u>712.00</u> |
| ı | Creditor's Name<br>C/O Duvera                      | When was the debt incurred?                                       |                  |
| ı | Number Street                                      |   |                  |
| ı | 2701 Loker Ave W                                   |   |                  |
| ı | 2701 EGRET 7100 VV                                 | As of the date you file, the claim is: Check all that apply.      |                  |
| ı | Carlsbad CA 92008                                  | Contingent  |                  |
| ı | City State Zip Code                                | Unliquidated  |                  |
| ı | Who owes the debt? Check one.                      | Disputed  |                  |
| ı | Debtor 1 only                                      |   |                  |
| ı | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|   | Debtor 1 and Debtor 2 only                         | ☐ Student loans   |                  |
|   | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|   | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
|   | community debt Is the claim subject to offest?     | Debts to pension or profit-sharing plans, and other similar debts |                  |
|   | No   | Other County Debt Owed  |                  |
|   | Yes  | Other. Specify Debt Owed  |                  |
|   |  |   |                  |

Case 16-30486 Doc 1 Page 22 of 61 **Pocument** Warrin Elijah Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 

| 4.8 First Premier Bank                  | Last 4 digits of account number                                       | \$ <u>441.00</u>  |
|---|---|-------------------|
| Creditor's Name                         |   |                   |
| PO Box 5524                             | When was the debt incurred?   |                   |
| Number Street                           |   |                   |
|   |   |                   |
|   | As of the date you file, the claim is: Check all that apply.          |                   |
|   | Contingent  |                   |
| Sioux Falls SD 57117                    | Unliquidated  |                   |
| City State Zip Code                     |   |                   |
| Who owes the debt? Check one.           | Disputed  |                   |
| Debtor 1 only                           |   |                   |
| Debtor 2 only                           | Turns of MONDRIORITY unaccounted alaims                               |                   |
|   | Type of NONPRIORITY unsecured claim: □                                |                   |
| Debtor 1 and Debtor 2 only              | Student loans   |                   |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce          |                   |
| Check if this claim relates to a        | that you did not report as priority claims                            |                   |
| community debt                          | Debts to pension or profit-sharing plans, and other similar debts     |                   |
| Is the claim subject to offest?         | bests to pension of profit-sharing plans, and other similar desis     |                   |
| No                                      |   |                   |
| <b>│</b>                                | Other. Specify Credit Card or Credit Use                              |                   |
| Yes                                     |   | 22.22             |
| 4.9 Gamefly                             | Last 4 digits of account number                                       | <u>\$_60.00</u>   |
| Creditor's Name                         |   |                   |
| Stuart Allan & Associates               | When was the debt incurred?   |                   |
| Number Street                           |   |                   |
|   |   |                   |
| 5447 East 5th Street                    | As of the date you file, the claim is: Check all that apply.          |                   |
|   | Contingent  |                   |
| Coronado AZ 85711                       | Unliquidated  |                   |
| City State Zip Code                     |   |                   |
| Who owes the debt? Check one.           | Disputed  |                   |
| Debtor 1 only                           |   |                   |
|   | Turns of MONDRIORITY unaccounted alaims                               |                   |
| Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                                  |                   |
| Debtor 1 and Debtor 2 only              | Student loans   |                   |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce          |                   |
| Check if this claim relates to a        | that you did not report as priority claims                            |                   |
| community debt                          | Debts to pension or profit-sharing plans, and other similar debts     |                   |
| Is the claim subject to offest?         | Debts to pension or profit-straining plans, and other similar debts   |                   |
| · ·                                     |   |                   |
| No                                      | Other. Specify Credit Card or Credit Use                              |                   |
| Yes                                     |   |                   |
| 4.10 HSBC                               | Last 4 digits of account number                                       | <b>\$</b> _736.00 |
| Creditor's Name                         |   |                   |
| PO Box 5253                             | When was the debt incurred?   |                   |
| Number Street                           |   |                   |
|   |   |                   |
|   | As of the date you file, the claim is: Check all that apply.          |                   |
|   | Contingent  |                   |
| Carol Stream IL 60197                   | Unliquidated  |                   |
| City State Zip Code                     |   |                   |
| Who owes the debt? Check one.           | Disputed  |                   |
| Debtor 1 only                           |   |                   |
| Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                                  |                   |
| <b> </b>                                |   |                   |
| Debtor 1 and Debtor 2 only              | Student loans   |                   |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce          |                   |
| Check if this claim relates to a        | that you did not report as priority claims                            |                   |
| community debt                          | Debts to pension or profit-sharing plans, and other similar debts     |                   |
| Is the claim subject to offest?         | Design to periode of profit-straining plants, and other similar debts |                   |
| _ ·                                     | Condit Cond on Condit Use   |                   |
| No                                      | Other. Specify Credit Card or Credit Use                              |                   |
| Yes                                     |   |                   |

Doc 1 Filed 09/26/16 Entered 09/26/16 10:00:48 Desc Main Case 16-30486 Page 23 of 61 Case Number (if known) **Pocument** Warrin Elijah Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Illinois State Toll Hwy Auth \$ 800.00

| L    | 4.11   | Last 4 digits of account number                                    | <b>\$</b>          |
|------|--|--|--------------------|
|      | Creditor's Name                                    |  |                    |
| н    | 2700 Ogden Ave.                                    | When was the debt incurred?  |                    |
| н    | Number Street                                      |  |                    |
| н    | Number Street                                      |  |                    |
| Н    |  | As of the date you file, the claim is: Check all that apply.       |                    |
| н    |  | Contingent   |                    |
| н    | Downers Grove IL 60515-1703                        |  |                    |
| н    |  | Unliquidated   |                    |
| н    | City State Zip Code  Who owes the debt? Check one. | Disputed   |                    |
| н    |  |  |                    |
| Н    | Debtor 1 only                                      |  |                    |
| н    | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                               |                    |
| н    |  | Student loans  |                    |
| Н    | Debtor 1 and Debtor 2 only                         |  |                    |
| Н    | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce       |                    |
| Н    | Check if this claim relates to a                   | that you did not report as priority claims                         |                    |
| н    | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts  |                    |
| Н    | Is the claim subject to offest?                    | bests to perision of profit-sharing plans, and other similar desis |                    |
| Н    |  | _  |                    |
| н    | No   | Other. Specify Fines   |                    |
| L    | Yes  |  |                    |
| Г    | 4.12 JRSI Inc.                                     | Last 4 digits of account number 2186                               | <b>\$</b> 1,235.95 |
| h    | Creditor's Name                                    |  |                    |
| Н    | C/O Steven J. Fink                                 | When was the debt incurred?  |                    |
| н    |  | Then was the debt incurred:  |                    |
| Н    | Number Street                                      |  |                    |
| н    | 25 E. Washington #1233                             | As of the date you file, the claim is: Check all that apply.       |                    |
| н    |  |  |                    |
| Н    | Chicago II 60600                                   | Contingent   |                    |
| н    | Chicago IL 60602                                   | Unliquidated   |                    |
| н    | City State Zip Code                                | Disputed   |                    |
| н    | Who owes the debt? Check one.                      | Disputed   |                    |
| н    | Debtor 1 only                                      |  |                    |
| Н    | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                               |                    |
| н    |  |  |                    |
| н    | Debtor 1 and Debtor 2 only                         | Student loans  |                    |
| Н    | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce       |                    |
| н    | Check if this claim relates to a                   | that you did not report as priority claims                         |                    |
| н    | community debt                                     |  |                    |
| Н    | · ·  | Debts to pension or profit-sharing plans, and other similar debts  |                    |
| н    | Is the claim subject to offest?                    |  |                    |
| Н    | No   | Other. Specify Credit Extended to Debtor(S)                        |                    |
|      | Yes  |  |                    |
| Γ    | 4.13 Lincoln Technical Institute                   | Last 4 digits of account number                                    | \$ 1,740.00        |
| H    | Creditor's Name                                    |  | -                  |
| н    | 7225 Winton Dr., Bldg. 128                         | When was the debt incurred?  |                    |
| н    | 7225 WIIIIOH DI., Blug. 126                        | which was the debt incurred?                                       |                    |
| Н    | Number Street                                      |  |                    |
| н    |  | As of the date were file the elements. Observe all that every      |                    |
| Н    |  | As of the date you file, the claim is: Check all that apply.       |                    |
| н    | L II II 10000                                      | Contingent   |                    |
| н    | Indianapolis IN 46268                              | Unliquidated   |                    |
| Н    | City State Zip Code                                |  |                    |
| н    | Who owes the debt? Check one.                      | Disputed   |                    |
| н    | Debtor 1 only                                      |  |                    |
|      | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                               |                    |
|      |  | Type of NONPRIORITY unsecured claim:                               |                    |
|      | Debtor 1 and Debtor 2 only                         | Student loans  |                    |
|      | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce       |                    |
|      | Check if this plaim relates to a                   | that you did not report as priority claims                         |                    |
|      | Check if this claim relates to a                   |  |                    |
|      | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts  |                    |
|      | Is the claim subject to offest?                    |  |                    |
|      | No   | Other. Specify   |                    |
|      | Yes  |  |                    |
| - 6- |  |  |                    |

Filed 09/26/16 Entered 09/26/16 10:00:48 Desc Main Case 16-30486 Doc 1 Page 24 of 61 **Pocument** Warrin Elijah Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 

| 4.14 | MBB  | Last 4 digits of account number 2004                              | \$ <u>150.00</u>                                 |
|------|--|---|--|
|      | Creditor's Name                                    | 2045 2045   |  |
|      | 1460 Renaissance Dr                                | When was the debt incurred? 2015-2015                             |  |
|      | Number Street                                      |   |  |
|      |  | As of the date you file, the claim is: Check all that apply.      |  |
|      |  | Contingent  |  |
|      | Park Ridge IL 60068                                |   |  |
|      | City State Zip Code                                | Unliquidated  |  |
| \    | Who owes the debt? Check one.                      | Disputed  |  |
|      | Debtor 1 only                                      |   |  |
| [    | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |  |
| l i  | Debtor 1 and Debtor 2 only                         | Student loans   |  |
| l i  | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |  |
|      | =  | that you did not report as priority claims                        |  |
| 1    | Check if this claim relates to a community debt    |   |  |
|      | s the claim subject to offest?                     | Debts to pension or profit-sharing plans, and other similar debts |  |
| l i  | No   | Madical Dalid   |  |
|      | =  | Other. Specify Medical Debt                                       |  |
|      | Yes MBB  | Last 4 digits of account number 2005                              | <b>\$</b> 150.00                                 |
| 4.15 |  | Last 4 digits of account number 2005                              | <u>ъ 100.00                                 </u> |
|      | Creditor's Name                                    | When was the debt incurred? 2015-2015                             |  |
|      | 1460 Renaissance Dr                                | When was the debt incurred? 2015-2015                             |  |
|      | Number Street                                      |   |  |
|      |  | As of the date you file, the claim is: Check all that apply.      |  |
|      |  | Contingent  |  |
|      | Park Ridge IL 60068                                | Unliquidated  |  |
|      | City State Zip Code                                | Disputed  |  |
| '    | Who owes the debt? Check one.                      | Disputed  |  |
|      | Debtor 1 only                                      |   |  |
| [    | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |  |
| [    | Debtor 1 and Debtor 2 only                         | Student loans   |  |
| i    | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |  |
| 1 1  | Check if this claim relates to a                   | that you did not report as priority claims                        |  |
| 1 1  | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |  |
| 1    | s the claim subject to offest?                     |   |  |
|      | No   | Other. Specify Medical Debt                                       |  |
| i    | Yes  | ошет. эренту  |  |
| 4.16 | MG Credit  | Last 4 digits of account number                                   | <b>\$</b> 1,722.00                               |
| 7.10 | Creditor's Name                                    |   |  |
|      | 5115 San Juan Ave                                  | When was the debt incurred?                                       |  |
|      | Number Street                                      | <del></del>   |  |
|      |  |   |  |
|      |  | As of the date you file, the claim is: Check all that apply.      |  |
|      | laskaanvilla El 22240                              | Contingent  |  |
|      | Jacksonville FL 32210                              | Unliquidated  |  |
| ,    | City State Zip Code  Who owes the debt? Check one. | Disputed  |  |
|      |  |   |  |
|      | Debtor 1 only                                      | T ( NONDPIODITY ( )   |  |
|      | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |  |
|      | Debtor 1 and Debtor 2 only                         | ☐ Student loans   |  |
| [    | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |  |
|      | Check if this claim relates to a                   | that you did not report as priority claims                        |  |
|      | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |  |
| !    | s the claim subject to offest?                     |   |  |
|      | No   | Other. Specify  |  |
| 1    | Voc  | <del>_</del>  |  |

| Debtor 1  | Warrin<br>First Name   | Elijah<br>Middle Name              | DOC 1      | Poccument<br>Last Name  | Entered 09/26/16 10:00:48<br>Page 25 of 61<br>Case Number (if known)              | 3 Desc Main | _                     |
|-----------|--|------------------------------------|------------|---|---|-------------|-----------------------|
| After lis | ting any entries on this   | page, number th                    | em beginni | ng with 4.4, followed by 4.   | 5, and so forth.  |             | Total Clain           |
| 4.17      | Nationwide Credit & CO Creditor's Name 815 Commerce Dr Ste 27 Number Street  | 70                                 |            | st 4 digits of account numbe  | 2012-2012   |             | \$ <u>150.00</u>      |
| w         | Oak Brook  City  The owes the debt? Check of Debtor 1 only   | IL 60523<br>State Zip Code<br>one. |            | of the date you file, the clain<br>Contingent<br>Unliquidated<br>Disputed | <b>m is:</b> Check all that apply.  |             |                       |
|           | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors: Check if this claim relate community debt the claim subject to offes | and another                        |            |   | paration agreement or divorce<br>ity claims<br>ing plans, and other similar debts |             |                       |
|           | Yes  |                                    |            |   |   |             | <b>\$</b> 446.00      |
| 4.18      | Sprint Creditor's Name 8014 Bayberry Rd Number Street  |                                    |            | st 4 digits of account numbe  | 2011-2012   |             | \$ <del>44</del> 0.00 |
|           |  |                                    |            | of the date you file, the clair   | m is: Check all that apply.   |             |                       |

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Debtor 1 Warrin Elijah Document Page 26 of 61

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

| After listing any entries on this page, number them | beginning with 4.4, followed by 4.5, and so forth.                  | l otal Claim     |
|---|---|------------------|
| 4.20 Upfront Money Co.                              | Last 4 digits of account number                                     | \$ <u>570.00</u> |
| Creditor's Name                                     |   |                  |
| C/O Sterling United                                 | When was the debt incurred?   |                  |
| Number Street                                       |   |                  |
| PO Box 300639                                       | As of the date you file, the claim is: Check all that apply.        |                  |
| Casselberry FL 32730                                | Contingent  |                  |
| City State Zip Code                                 | Unliquidated  |                  |
| Who owes the debt? Check one.                       | Disputed  |                  |
| Debtor 1 only                                       |   |                  |
| Debtor 2 only                                       | Type of NONPRIORITY unsecured claim:                                |                  |
| Debtor 1 and Debtor 2 only                          | Student loans   |                  |
| At least one of the debtors and another             | Obligations arising out of a separation agreement or divorce        |                  |
| Check if this claim relates to a                    | that you did not report as priority claims                          |                  |
| community debt                                      | Debts to pension or profit-sharing plans, and other similar debts   |                  |
| Is the claim subject to offest?                     | Dild Out d  |                  |
| Yes   | Other. Specify Debt Owed  |                  |
| 4.21 US Cellular                                    | Last 4 digits of account number 6052                                | <b>\$</b> 211.00 |
| Creditor's Name                                     | Last 4 digits of decodiff flumbol                                   | ·                |
| 4200 International Pkwy                             | When was the debt incurred? 2013-2014                               |                  |
| Number Street                                       |   |                  |
|   | As of the date you file, the claim is: Check all that apply.        |                  |
|   | Contingent  |                  |
| Carrollton TX 75007                                 | ☐ Unliquidated  |                  |
| City State Zip Code  Who owes the debt? Check one.  | ☐ Disputed  |                  |
| _   |   |                  |
| Debtor 1 only                                       | Time of MONDRIODITY was sound aloins.                               |                  |
| Debtor 2 only                                       | Type of NONPRIORITY unsecured claim: Student loans                  |                  |
| Debtor 1 and Debtor 2 only                          | Obligations arising out of a separation agreement or divorce        |                  |
| At least one of the debtors and another             | that you did not report as priority claims                          |                  |
| Check if this claim relates to a community debt     | Debts to pension or profit-sharing plans, and other similar debts   |                  |
| Is the claim subject to offest?                     | bests to perision of profite-sharing plans, and other similar debts |                  |
| No  | Other. Specify Unknown Credit Extension                             |                  |
| Yes   | - Carlott Opposity  |                  |
| 4.22 Village of Forest Park                         | Last 4 digits of account number                                     | \$ <u>800.00</u> |
| Creditor's Name                                     |   |                  |
| 517 Des Plaines                                     | When was the debt incurred?   |                  |
| Number Street                                       |   |                  |
|   | As of the date you file, the claim is: Check all that apply.        |                  |
| Format Bards III 00400                              | Contingent  |                  |
| Forest Park IL 60130                                | Unliquidated  |                  |
| City State Zip Code Who owes the debt? Check one.   | Disputed  |                  |
| Debtor 1 only                                       | _   |                  |
| Debtor 2 only                                       | Type of NONPRIORITY unsecured claim:                                |                  |
| Debtor 1 and Debtor 2 only                          | Student loans   |                  |
| At least one of the debtors and another             | Obligations arising out of a separation agreement or divorce        |                  |
| Check if this claim relates to a                    | that you did not report as priority claims                          |                  |
| community debt                                      | Debts to pension or profit-sharing plans, and other similar debts   |                  |
| Is the claim subject to offest?                     |   |                  |
| No  | Other. Specify Fines  |                  |
| Yes   | _ : :   |                  |

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Page 27 of 61 Document Warrin Elijah Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Village of River Forest \$ 200.00 Last 4 digits of account number \_ Creditor's Name 400 Park Avenue When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent 60305 Chicago Unliquidated State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest? No Other. Specify Fines Yes West Suburban Hospital \$ 1,200.00 4.24 Last 4 digits of account number Creditor's Name PO Box 4746 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Carol Stream 60197-4746 IL Unliquidated State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim:

Obligations arising out of a separation agreement or divorce

Debts to pension or profit-sharing plans, and other similar debts

that you did not report as priority claims

Other. Specify Medical/Dental Service

Student loans

Debtor 1 and Debtor 2 only

community debt
Is the claim subject to offest?

No

At least one of the debtors and another

Check if this claim relates to a

Case 16-30486

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Page 28 of 61 Case Number (if known) **Pocument** Warrin Elijah Debtor 1

List Others to Be Notified for a Debt That You Already Listed

| 5. | example, if a 2, then list the | Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. |                |                 |   |   |  |  |
|----|--------------------------------|--|----------------|-----------------|---|---|--|--|
|    | MacNeal Hos                    | spital   |                |                 | On which entry in Part 1 or Part 2 li                         | ist the original creditor?                          |  |  |
|    | Name<br>75 Remittano           | e Dr., Ste. 1209   |                |                 | Line 1 of (Check one):  | Part 1: Creditors with Priority Unsecured Claims    |  |  |
|    | Number                         | Street   |                |                 |   | Part 2: Creditors with Nonpriority Unsecured Claims |  |  |
|    | Chicago                        |  | IL             |                 | Last 4 digits of account number _                             | 1978  |  |  |
|    | City  Clerk, Fourth            | Mun Div  | State Zi       | p Code          | On which entry in Part 4 or Part 21                           | ist the avising avaditor?                           |  |  |
|    | Name                           | ok Dr.#226   |                |                 | On which entry in Part 1 or Part 2 li  Line 3 of (Check one): | Part 1: Creditors with Priority Unsecured Claims    |  |  |
|    | Number                         | Street   |                | _               | Line or (Check one).  | Part 2: Creditors with Nonpriority Unsecured Claims |  |  |
|    |                                |  |                | <u> </u>        |   |   |  |  |
|    | Maywood                        |  | IL<br>State Zi | 60153           | Last 4 digits of account number _                             | 2326  |  |  |
|    | Clerk, First M                 | lun Div  | State Zi       | p code          | On which entry in Part 1 or Part 2 li                         | ist the original creditor?                          |  |  |
|    | Name<br>50 W. Washi            | ngton St., Rm. 1001  |                |                 | Line 4 of (Check one):  | Part 1: Creditors with Priority Unsecured Claims    |  |  |
|    | Number                         | Street   |                |                 | ,   | Part 2: Creditors with Nonpriority Unsecured Claims |  |  |
|    |                                |  |                | _               |   |   |  |  |
|    | Chicago                        |  | IL<br>State Zi | 60602<br>p Code | Last 4 digits of account number                               |   |  |  |
|    | Freedman A                     | nselmo Lindberg  |                |                 | On which entry in Part 1 or Part 2 li                         | ist the original creditor?                          |  |  |
|    | Name<br>1771 W. Diel           | nl #150  |                |                 | Line 4 of (Check one):  | Part 1: Creditors with Priority Unsecured Claims    |  |  |
|    | Number                         | Street   |                | _               |   | Part 2: Creditors with Nonpriority Unsecured Claims |  |  |
|    | Naperville                     |  | IL             | —<br>60566      | Last 4 digits of account number                               |   |  |  |
|    | City                           |  | State Z        | ip Code         |   |   |  |  |
|    | West Suburb                    | an Hospital  |                | _               | On which entry in Part 1 or Part 2 li                         | ist the original creditor?                          |  |  |
|    | Name<br>PO Box 4746            | 3  |                |                 | Line 5 of (Check one):  | Part 1: Creditors with Priority Unsecured Claims    |  |  |
|    | Number                         | Street   |                |                 |   | Part 2: Creditors with Nonpriority Unsecured Claims |  |  |
|    | Carol Stream                   |  | IL             | 60197-474       | Last 4 digits of account number _                             | <u>4746</u>   |  |  |
|    | City                           |  | State Zi       | p Code          |   |   |  |  |
|    | Arnold Scott                   | Harris PC  |                | <u> </u>        | On which entry in Part 1 or Part 2 li                         | ist the original creditor?                          |  |  |
|    | Name<br>111 W Jacks            | on Blvd Ste 600  |                |                 | Line 11 of (Check one):                                       | Part 1: Creditors with Priority Unsecured Claims    |  |  |
|    | Number                         | Street   |                |                 |   | Part 2: Creditors with Nonpriority Unsecured Claims |  |  |
|    | Chicago                        |  | IL             | 60604           | Last 4 digits of account number _                             |   |  |  |
|    | City                           |  | State Zi       | p Code          |   |   |  |  |

| ebtor 1        | Warrin                                 | Elijah            | ROGUI                   | nent Page 29                 | Case Number (if known)                              |
|----------------|--|-------------------|-------------------------|------------------------------|---|
|                | First Name                             | Middle Name       | Last Name               |                              |   |
| Clerk          | , First Mun Div                        |                   |                         | On which entry in Part 1 or  | Part 2 list the original creditor?                  |
| Name<br>50 W   | . Washington St., Rm. 1001             |                   | -                       | Line 12 of (Check one)       | Part 1: Creditors with Priority Unsecured Claims    |
| Numbe          | r Street                               |                   | -                       |                              | Part 2: Creditors with Nonpriority Unsecured Claims |
|                |  |                   | -                       |                              |   |
| Chica          | go                                     | IL                | 60602                   | Last 4 digits of account nu  | nber <u>2186</u>                                    |
| City           |  | State Zip C       | Code                    |                              |   |
| Rush           | Oak Park Hospital                      |                   | -                       | On which entry in Part 1 or  | Part 2 list the original creditor?                  |
| Name<br>Dept.  | 4667                                   |                   |                         | Line 14 of (Check one)       | Part 1: Creditors with Priority Unsecured Claims    |
| Numbe          | r Street                               |                   |                         |                              | Part 2: Creditors with Nonpriority Unsecured Claims |
| Carol          | Stream                                 | IL                | 60122                   | Last 4 digits of account nu  | nber <u>2004</u>                                    |
| City           |  | State Zip C       | -<br>Code               |                              |   |
| Rush           | Oak Park Hospital                      |                   |                         | On which entry in Part 1 or  | Part 2 list the original creditor?                  |
| Name<br>Dept.  | 4667                                   |                   |                         | Line 15 of (Check one)       | Part 1: Creditors with Priority Unsecured Claims    |
| Numbe          | r Street                               |                   | -                       |                              | Part 2: Creditors with Nonpriority Unsecured Claims |
| Carol          | Stream                                 | IL                | 60122                   | Last 4 digits of account nu  | mber 2005   |
| City           |  | State Zip C       | _                       | Lust 4 digits of account ha  |   |
| Rush           | Oak Park Hospital                      |                   |                         | On which entry in Part 1 or  | Part 2 list the original creditor?                  |
| Name<br>Dept.  | 4667                                   |                   | -                       | Line 17 of (Check one)       | Part 1: Creditors with Priority Unsecured Claims    |
| Numbe          |  |                   | <u>-</u>                |                              | Part 2: Creditors with Nonpriority Unsecured Claims |
| Carol          | Stream                                 | IL                | 60122                   | Last 4 digits of account nu  | mber 0845   |
| City           |  | State Zip C       | -<br>Code               |                              |   |
| Midla          | nd Funding, LLC                        |                   |                         | On which entry in Part 1 or  | Part 2 list the original creditor?                  |
| Name<br>8875   | Aero Drive, # 200                      |                   |                         | Line 19 of (Check one)       | Part 1: Creditors with Priority Unsecured Claims    |
| Numbe          | r Street                               |                   | -                       |                              | Part 2: Creditors with Nonpriority Unsecured Claims |
| San E          | Diego                                  | CA                | 92123                   | Look 4 digito of account you | mba.  |
| City           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | State Zip C       | _                       | Last 4 digits of account nu  | mber  |
| Sterli         | ng Inc.                                |                   |                         | On which entry in Part 1 or  | Part 2 list the original creditor?                  |
| Name<br>375 G  | Shent Rd.                              |                   | -                       | Line 20 of (Check one)       | _   |
| Numbe          |  |                   | -                       | ( ,                          | Part 2: Creditors with Nonpriority Unsecured Claims |
|                |  | OH                | - 44222                 |                              |   |
| Fairla<br>City | VVII                                   | State Zip C       | 44333<br>-<br>Code      | Last 4 digits of account nu  | noer  |
| Sterlin        | ng Bank & Trust                        |                   | _                       | On which entry in Part 1 or  | Part 2 list the original creditor?                  |
| Name<br>PO B   | ox 1170                                |                   |                         | Line 20 of (Check one)       | Part 1: Creditors with Priority Unsecured Claims    |
| Numbe          |  |                   | -                       | ,                            | Part 2: Creditors with Nonpriority Unsecured Claims |
|                | Ook                                    | N.A.I             | 40060 447               | l get A digite of account    | mhar  |
| Royal          | Odk                                    | MI<br>State Zip ( | 48068-1170<br>-<br>Code | Last 4 digits of account nu  |   |

Doc 1 Filed 09/26/16 Entered 09/26/16 10:00:48 Desc Main Case 16-30486 Page 30 of 61 Case Number (if known) **Pocument** Warrin Elijah Debtor 1 Middle Name Last Name MCSI On which entry in Part 1 or Part 2 list the original creditor? Name 7330 College Dr. Line 23 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Street Number IL 60463 Palos Heights Last 4 digits of account number \_ City State Zip Code MCSI On which entry in Part 1 or Part 2 list the original creditor? Name Line 23 of (Check one): Part 1: Creditors with Priority Unsecured Claims PO Box 327 Part 2: Creditors with Nonpriority Unsecured Claims Number Street Palos Heights 60463 Last 4 digits of account number \_\_\_\_\_\_

State Zip Code

City

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Warrin Debtor 1

Elijah

**Pocument** 

Add the Amounts for Each Type of Unsecured Claim

|   | 6. Total the amounts of certain types of unsecured claims. This information is fo | or statistical reporting purposes only. 28 U.S.C. § 159. |
|---|---|--|
| ı | Add the amounts for each type of unsecured claim                                  |  |

|                             |   |            | Total claim            |
|-----------------------------|---|------------|------------------------|
| Total claims                | 6a. Domestic support obligations  | 6a.        | \$0.00                 |
|                             | 6b. Taxes and Certain other debts you owe the government  | 6b.        | \$0.00                 |
|                             | 6c. Claims for death or personal injury while you were intoxicated  | 6c.        | \$0.00                 |
|                             | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.  | 6d.        | \$0.00                 |
|                             | 6e. <b>Total.</b> Add lines 6a through 6d.  | 6e.        | \$0.00                 |
|                             |   |            |                        |
|                             |   |            | Total claim            |
| Total claims                | 6f. Student loans   | 6f.        | Total claim \$1,740.00 |
| Total claims<br>from Part 2 | 6f. Student loans  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  | 6f.<br>6g. | 4.740.00               |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority  |            | \$1,740.00             |
|                             | <ul><li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li><li>6h. Debts to pension or profit-sharing plans, and other</li></ul> | 6g.        | \$                     |

| Fil             | l in this inf                             | Caso 16<br>formation to ider  |  | Filad 00/26/16   | Entered 09/26/16 10:0<br>2 of 61  | 00:48 Desc Main                      |
|-----------------|---|---|--|--|---|--------------------------------------|
| De              | ebtor 1                                   | Warrin  | Elijah   | Porter   |   |                                      |
| Б.              | DIOI 1                                    | First Name  | Middle Name  | Last Name  |   |                                      |
|                 | ebtor 2<br>ouse, if filing)               | First Name  | Middle Name  | Last Name  |   |                                      |
| Ur              | nited States                              | Bankruptcy Court fo   | or the : <u>NORTHERN</u> District of   | f_ <u>ILLINOIS</u><br>(State)  |   | <b>—</b>                             |
|                 | known)                                    |   |  |  |   | ☐ Check if this is an amended filing |
| Offi            | cial Fo                                   | orm 106G  |  |  |   |                                      |
| Sch             | edule                                     | G: Execut   | ory Contracts and  | l Unexpired Lea  | ses   | 12/1                                 |
| nforn<br>additi | nation. If monal pages o you have No. Che | nore space is ned<br>s, write your nan<br>e any executory<br>eck this box and | eded, copy the additional pag-<br>ne and case number (if known<br>contracts or unexpired lease<br>submit this form to the court wi | e, fill it out, number the entl).<br>s?<br>th your other schedules. Yo | are equally responsible for supplying tries, and attach it to this page. On the supplying tries, and attach it to this page. On the supplying | the top of any<br>form.              |
| ex              | -   | nt, vehicle lease   |  |  | Then state what each contract or lead uction booklet for more examples of examples of examples of examples of examples of examples.   | -                                    |
| ı               | Person or                                 | company with w  | hom you have the contract o  | r lease  | State what the contr  | ract or lease is for                 |
| 2.1             |   |   |  |  |   |                                      |
|                 | Name                                      |   |  |  |   |                                      |
|                 | Number                                    | Street  |  |  |   |                                      |
|                 | City                                      |   | State Z  | ip Code  |   |                                      |
| 2.2             |   |   |  |  |   |                                      |
|                 | Name                                      |   |  |  |   |                                      |
|                 | Number                                    | Street  |  |  |   |                                      |
|                 | City                                      |   | State Z  | ip Code  |   |                                      |
| 2.3             |   |   |  |  |   |                                      |
|                 | Name                                      |   |  |  |   |                                      |
|                 | Number                                    | Street  |  |  |   |                                      |
|                 | City                                      |   | State Z  | ip Code  |   |                                      |
| 2.4             |   |   |  |  |   |                                      |
|                 | Name                                      |   |  |  |   |                                      |
|                 | Number                                    | Street  |  |  |   |                                      |
|                 | City                                      |   | State Z  | ip Code  |   |                                      |
| 2.5             |   |   |  |  |   |                                      |
|                 | Name                                      |   |  |  |   |                                      |
|                 | Number                                    | Street  |  |  |   |                                      |

State Zip Code

City

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| Fill in this in     | formation to ider   | ntify your case:                       |                 |
|---------------------|---------------------|--|-----------------|
| Debtor 1            | Warrin              | Elijah                                 | Porter          |
|                     | First Name          | Middle Name                            | Last Name       |
| Debtor 2            |                     |  |                 |
| (Spouse, if filing) | First Name          | Middle Name                            | Last Name       |
| United States       | Bankruptcy Court fo | or the : <u>NORTHERN</u> District of _ | ILLINOIS(State) |
| Case Number         | r                   |  | (State)         |
| (If known)          |                     |  |                 |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| any Additional Pages, write your name and case number (if known). Answer every question. |  |  |                                |                     |  |  |  |  |
|--|--|--|--------------------------------|---------------------|--|--|--|--|
| 1. <b>D</b>  | o you have any coo   | ebtors? (If you are filing a joint                                       | case, do not list either spous | se as a codebtor.)  |  |  |  |  |
| No.  |  |  |                                |                     |  |  |  |  |
|  | Yes  |  |                                |                     |  |  |  |  |
|  | 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Lousiiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) |  |                                |                     |  |  |  |  |
|  | No. Go to line 3.  |  |                                |                     |  |  |  |  |
|  | Yes. Did your sp   | ouse, former spouse, or legal ed   | uivalent live with you at the  | time?               |  |  |  |  |
|  | _  | n community state or territory die                                       | d you live?                    | Fill in the n       | ame and current address of that person.  |  |  |  |
|  | Name of your spo   | use, former spouse or legal equivalent                                   |                                |                     |  |  |  |  |
|  | Number St  | reet   |                                |                     |  |  |  |  |
|  | City   |  | State                          | Zip Code            |  |  |  |  |
| 3 In   | -  | f vour codebtors. Do not inclu   |                                | •                   | is filing with you. List the person  |  |  |  |
|  |  | Form 106D), Schedule E/F (Off<br>edule G to fill out Column 2.<br>debtor | icial Form 106E/F), or Sche    | dule G (Official Fo | Column 2: The creditor to whom you owe the debt  Check all schedules that apply: |  |  |  |
| 3.1  |  |  |                                |                     | Schedule D, line   |  |  |  |
|  | Name   |  |                                | _                   | Schedule E/F, line   |  |  |  |
|  | Number Stre  | et   |                                |                     | Schedule G, line   |  |  |  |
|  | City   | S  | tate Z                         | Zip Code            |  |  |  |  |
| 3.2  |  |  |                                | _                   | Schedule D, line   |  |  |  |
|  | Name   |  |                                | _                   | Schedule E/F, line   |  |  |  |
|  | Number Stre  | et   |                                | _                   | Schedule G, line   |  |  |  |
|  | City   | S  | tate Z                         | Zip Code            | _  |  |  |  |
| 3.3  |  |  |                                | _                   | Schedule D, line   |  |  |  |
|  | Name   |  |                                | _                   | Schedule E/F, line   |  |  |  |
|  | Number Stre  | et   |                                |                     | Schedule G, line   |  |  |  |
|  | City   | S  | tate Z                         | Zip Code            |  |  |  |  |

Official Form 106H Record # 699070 Schedule H: Your Codebtors Page 1 of 1

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|                     |                      |                           | 7/7/11/11/11/11 |
|---------------------|----------------------|---------------------------|-----------------|
| Fill in this in     | nformation to ident  | ify your case:            |                 |
| Debtor 1            | Warrin               | Elijah                    | Porter          |
|                     | First Name           | Middle Name               | Last Name       |
| Debtor 2            |                      |                           |                 |
| (Spouse, if filing) | First Name           | Middle Name               | Last Name       |
| United States       | Bankruptcy Court for | the : NORTHERN DISTRICT O | F ILLINOIS_     |
| Case Number         | -                    |                           |                 |
| (If known)          | ·                    |                           | <del></del>     |
|                     |                      |                           |                 |
|                     |                      |                           |                 |
| Official F          | orm 106I             |                           |                 |
| zinciai i           | 01111 1001           |                           |                 |

## **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa   | rt 1: Describe Employment  |                                      |                            |                                |                                   |
|------|--|--------------------------------------|----------------------------|--------------------------------|-----------------------------------|
| 1.   | Fill in your employment information  |                                      | Debtor 1                   |                                | Debtor 2 or non-filing spouse     |
|      | If you have more than one job, attach a separate page with information about additional employers. | Employment status                    | X Employed  Not employed   | I                              | Employed  Not employed            |
|      | Include part-time, seasonal, or self-employed work.  | Occupation                           | Inventory                  |                                |                                   |
|      | Occupation may Include student   | Employers name                       | Geodis Logistics,          | LLC                            |                                   |
|      | or homemaker, if it applies.   | Employers address                    | 7101 Executive Ce          | enter Dr. Suite 333            |                                   |
|      |  |                                      | Brentwood, TN 37           | 7027                           | ,                                 |
|      |  | How long employed there              | 4 months                   |                                |                                   |
| Pa   | rt 2: Give Details About Monthly   |                                      |                            |                                |                                   |
| non- | Estimate monthly income as of the filing   | ne date you file this form. If you h | nave nothing to report fo  | r any line, write \$0 in the s | space. Include your               |
|      | spouse unless you are separated.   |                                      |                            |                                |                                   |
|      | If you or your non-filing spouse have  | ve more than one employer, comb      | oine the information for a | all employers for that perso   | on on the                         |
|      |  |                                      |                            | For Debtor 1                   | For Debtor 2 or non-filing spouse |
| 2.   | List monthly gross wages, salary deductions). If not paid monthly, c                               |                                      | -                          | \$2,501.57                     | \$0.00                            |
| 3.   | 3. Estimate and list monthly overtime pay.   |                                      |                            | \$0.00                         | \$0.00                            |
| 4.   | Calculate gross income. Add line   | 2 + line 3.                          |                            | \$2,501.57                     | \$0.00                            |

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Debtor 1 Warrin Elijah Document Porter Page 35 of 61
First Name Middle Name Last Name

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Case Number (if known)

|   |   |   |     | For Debtor 1 |     | For Debtor 2 or<br>non-filing spouse |     |            |
|---|---|---|-----|--------------|-----|--------------------------------------|-----|------------|
| (   | Сору  | line 4 here   | 4.  | \$2,501.57   |     | \$0.00                               |     |            |
| 5. List all payroll deductions:   |   |   |     |              |     |                                      |     |            |
| ţ   | 5a. <b>T</b>  | ax, Medicare, and Social Security deductions  | 5a. | \$530.77     | _   | \$0.00                               |     |            |
| ţ   | 5b. <b>N</b>  | landatory contributions for retirement plans  | 5b. | \$0.00       |     | \$0.00                               |     |            |
| į   | 5c. <b>V</b>  | oluntary contributions for retirement plans   | 5c. | \$0.00       |     | \$0.00                               |     |            |
| ţ   | 5d. <b>F</b>  | Required repayments of retirement fund loans  | 5d. | \$0.00       |     | \$0.00                               |     |            |
| ţ   | ē. li   | nsurance  | 5e. | \$184.99     |     | \$0.00                               |     |            |
|   | 5f. <b>C</b>  | Omestic support obligations   | 5f. | \$0.00       | _   | \$0.00                               |     |            |
|   | īg. <b>L</b>  | Inion dues  | 5g. | \$0.00       | _   | \$0.00                               |     |            |
| į   | 5h. <b>C</b>  | Other deductions. Specify: Life Insurance(D1),  | 5h. | \$7.19       |     | \$0.00                               |     |            |
| 6. <b>Add the payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h. |   |   | 6.  | \$722.95     |     | \$0.00                               |     |            |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.                |   |   | 7.  | \$1,778.62   | Γ   | \$0.00                               |     |            |
| 8. List   | all   | other income regularly received:  |     |              |     |                                      |     |            |
| 8   | Ва.   | Net income from rental property and from operating a business,  |     |              |     |                                      |     |            |
|   |   | profession, or farm   |     |              |     |                                      |     |            |
|   |   | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total |     |              |     |                                      |     |            |
|   |   | monthly net income.   | 8a. | \$0.00       |     | \$0.00                               |     |            |
| 8   | Bb.   | Interest and dividends  | 8b. | \$0.00       |     | \$0.00                               |     |            |
| 8   | Bc.   | Family support payments that you, a non-filing spouse, or a dependent regularly receive   | 8c. | \$ 0.00      |     | \$ 0.00                              |     |            |
|   |   | Include alimony, spousal support, child support, maintenance, divorce   |     |              |     |                                      |     |            |
| 9   | 3d.   | settlement, and property settlement.  Unemployment compensation   | 8d. | \$0.00       |     | \$0.00                               |     |            |
|   | ва.<br>Ве.  | Social Security   | 8e. | \$0.00       | -   | \$0.00                               |     |            |
|   | 3f.   | Other government assistance that you regularly receive  | 8f. | \$0.00       | -   | \$0.00                               |     |            |
| ,   | )1.   | Include cash assistance and the value (if known) of any non-cash  | 01. | φ0.00        | _   | φυ.υυ                                |     |            |
|   |   | assistance that you receive, such as food stamps (benefits under the  |     |              |     |                                      |     |            |
|   |   | Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  |     |              |     |                                      |     |            |
| 8   | ßg.   | Pension or retirement income  | 8g. | \$0.00       |     | \$0.00                               |     |            |
| 8   | ßh.   | Other monthly income. Specify:  | 8h. | \$0.00       |     | \$0.00                               |     |            |
| 9.  | Add   | <b>all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9.  | \$0.00       | _   | \$0.00                               |     |            |
| 10.   | Calc  | ulate monthly income. Add line 7 + line 9.  | 10. | \$1,778.62   | . Г | \$0.00                               | - [ | \$1,778.62 |
| ,   | Add   | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | ,   |              | _   |                                      |     |            |
| )<br>(  | Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. |   |     |              |     |                                      |     |            |
| ,   | ppec  | шу  |     |              |     |                                      | 11  | \$0.00     |
|   | Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12.                             |   |     |              |     |                                      | 12. | \$1,778.62 |
|   | x I   | ou expect an increase or decrease within the year after you file this form? No. Yes. Explain:                                     | ?   |              |     |                                      |     |            |

Case 16-30486 Doc 1 Filed 09/26/16 Entered 09/26/16 10:00:48 Document Page 36 of 61 Fill in this information to identify your case: Porter Warrin Elijah Check if this is: Debtor 1 First Name Middle Name Last Name A supplement showing post-petition chapter 13 Debtor 2 Last Name (Spouse, if filing) First Name Middle Name income as of the following date: United States Bankruptcy Court for the : <u>NORTHERN DISTRICT OF ILLINOIS</u> MM / DD / YYYY Case Number Official Form 106J maintains a separate household. Schedule J: Your Expenses 12/14 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Your Household** 1. Is this a joint case? X No. Go to line 2. es. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file a separate Schedule J. Do you have dependents? Dependent's relationship to Dependent's Does dependent live Debtor 1 or Debtor 2 with you? age Do not list Debtor 1 and Yes. Fill out this information for Х No Debtor 2. each dependent..... Son 6 Do not state the dependents' Х names Νo 'es Х Νo Yes Х No X Yes Do your expenses include X No expenses of people other than Yes yourself and your dependents? Part 2: **Estimate Your Ongoing Monthly Expenses** Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value Your expenses of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) The rental or home ownership expenses for your residence. Include first mortgage payments and \$400.00 any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes \$0.00 4a.

Official Form 106J Record # 699070

Property, homeowner's, or renter's insurance

Home maintenance, repair, and upkeep expenses

Homeowner's association or condominium dues

4h

4c

4d.

\$0.00

\$0.00

\$0.00

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Warrin Debtor 1

First Name

Elijah

Middle Name

Document

Last Name

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Case Number (if known)

Your expenses \$0.00 5. 5. Additional Mortgage payments for your residence, such as home equity loans 6. **Utilities:** \$0.00 6a. Electricity, heat, natural gas \$0.00 6b. Water, sewer, garbage collection \$200.00 Telephone, cell phone, internet, satellite, and cable service 6d. \$ 0.00 6d. Other. Specify:\_ \$300.00 7. 7. Food and housekeeping supplies \$0.00 8 8. Childcare and children's education costs \$100.00 9. Clothing, laundry, and dry cleaning 10 \$30.00 10. Personal care products and services \$20.00 11 Medical and dental expenses \$200.00 12. Transportation. Include gas, maintenance, bus or train fare. 12 Do not include car payments. \$25.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. \$0.00 15a. 15a. Life insurance \$0.00 15b. Health insurance 15b. \$0.00 15c. Vehicle insurance 15c. \$0.00 15d. 15d. Other insurance. Specify:\_ 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16. Specify: \_ 17. Installment or lease payments: \$0.00 17a. Car payments for Vehicle 1 17a \$0.00 17b. 17b. Car payments for Vehicle 2 \$0.00 17c. Other. Specify:\_ 17c. \$0.00 17d. Other. Specify:\_ 18. Your payments of alimony, maintenance, and support that you did not report as deducted \$500.00 18. from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. \$0.00 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inco 20a. \$ 0.00 20a. Mortgages on other property 20b. 0.00 20b. Real estate taxes 20c. \$ 0.00 20c. Property, homeowner's, or renter's insurance \$ 0.00 20d 20d. Maintenance, repair, and upkeep expenses \$ 0.00 20e. 20e. Homeowner's association or condominium dues

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| Deptor | ı varıı                               | Liljan  | 1 01101               | Case Number (if known) |               |            |
|--------|---------------------------------------|---|-----------------------|------------------------|---------------|------------|
|        | First Nan                             | ne Middle Name  | Last Name             |                        |               |            |
| 21.    | Other. S                              | pecify:   |                       | _                      | 21.           | \$0.00     |
| 22     |                                       | nthly expense: Add lines 4 through 21. t is your monthly expenses.                        |                       |                        | 22.           | \$1,775.00 |
| 23.    | Calculate                             | your monthly net income.  |                       |                        |               |            |
|        | 23a.                                  | Copy line 12 (your comibined monthly inc  | ome) from Schedule I. |                        | 23a           | \$1,778.62 |
|        | 23b.                                  | Copy your monthly expenses from line 22   | above.                |                        | 23b. <b>-</b> | \$1,775.00 |
|        | 23c.                                  | Subtract your monthly expenses from you<br>The result is your <i>monthly net income</i> . | ur monthly income.    |                        | 23c.          | \$3.62     |
| 24.    | Do you e: For exam mortgage X No Yes. |   |                       |                        |               |            |
|        |                                       |   |                       |                        |               |            |

Official Form 106J Record # 699070

| Fill in this in     | formation to iden | tify your case:                       |                     |
|---------------------|-------------------|---------------------------------------|---------------------|
| Debtor 1            | Warrin            | Elijah                                | Porter              |
|                     | First Name        | Middle Name                           | Last Name           |
| Debtor 2            |                   |                                       |                     |
| (Spouse, if filing) | First Name        | Middle Name                           | Last Name           |
|                     |                   | r the : <u>NORTHERN</u> District of _ | ILLINOIS<br>(State) |
| Case Number         |                   |                                       | _                   |

#### Official Form 106 Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |  |
|---|--|
| Did you pay or agree to pay someone who is NOT an attorney to help  | p you fill out bankruptcy forms?                             |
| Yes. Name of Person   | Attach Bankruptcy Petition Preparer's Notice, Declaration,   |
|   | Signature (Official Form 119).                               |
|   |  |
|   |  |
|   |  |
| Under penalty of perjury, I declare that I have read the summary and and correct.  X /s/ Warrin Elijah Porter | schedules filed with this declaration and that they are true |
| X /s/ Warrin Elijah Porter  |  |
| — 09/23/2016<br>Signature of Debtor 1   | Signature of Debtor 2  |
|   |  |

| Fill in this in     | formation to identi  | ify your case:                    |                 |
|---------------------|----------------------|-----------------------------------|-----------------|
| Debtor 1            | Warrin               | Elijah                            | Porter          |
|                     | First Name           | Middle Name                       | Last Name       |
| Debtor 2            | -                    |                                   |                 |
| (Spouse, if filing) | First Name           | Middle Name                       | Last Name       |
| United States       | Bankruptcy Court for | the : <u>NORTHERN</u> District of | <u>ILLINOIS</u> |
| Case Number         | -                    |                                   | (State)         |
| (If known)          |                      |                                   |                 |

## Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

|                | nd case number (if known). Answer ever  |   | ii tile top of ally additional pages, wi | ne your                       |
|----------------|---|---|--|-------------------------------|
| Part           | Give Details About Your Marital State   | tus and Where You Lived Before  |  |                               |
| 01. <b>W</b> I | hat is your current marital status?   |   |  |                               |
|                | Married   |   |  |                               |
|                | Not married   |   |  |                               |
|                |   |   |  |                               |
|                | rring the last 3 years, have you lived any  | where other than where you live nov   | n?                                       |                               |
|                | No. Yes. List all of the places you lived in the  | last 3 years. Do not include where yo   | u live now                               |                               |
|                | Tes. List all of the places you lived in the  | last o years. Do not morade where ye  | d live now.                              |                               |
|                | Debtor 1  | Dates Debtor 1  | Debtor 2:                                | Dates Debtor 2                |
|                |   | lived there   | Same as Debtor 1                         | lived there  Same as Debtor 1 |
|                | 7429 Madison St   | FROM 03/2005 To   |  |                               |
|                | Forest Park, IL 60130   | 02/2015   |  |                               |
|                |   |   |  |                               |
|                |   |   |  |                               |
| (C             | thin the last 8 years, did you ever live woommunity property states and territories xas, Washington, and Wisconsin.)  No.  Yes. Make sure you fill out Schedule H: Yes. | s include Arizona, California, Idaho, I<br>Your Codebtors (Official Form 106H). |  |                               |
|                |   |   |  |                               |
|                |   |   |  |                               |
|                |   |   |  |                               |
|                |   |   |  |                               |
|                |   |   |  |                               |
|                |   |   |  |                               |
|                |   |   |  |                               |
|                |   |   |  |                               |
|                |   |   |  |                               |

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| Debtor 1     | Warrin                    | Elijah                   | Porter                         | _                                  | Case Number (if known)                    |                                    |
|--------------|---------------------------|--------------------------|--------------------------------|------------------------------------|---|------------------------------------|
|              | First Name                | Middle Name              | Last Name                      |                                    |   |                                    |
| 04 <b>Di</b> | d vou have any inc        | come from employment of  | or from operating a business   | s during this year or the          | two previous calendar                     |                                    |
|              | ars?                      | ,                        |                                | g <b>,</b>                         |   |                                    |
| Fil          | I in the total amoun      | t of income you received | from all jobs and all business | es, including part-time a          | ctivities.                                |                                    |
|              | No.                       |                          |                                |                                    |   |                                    |
|              | Yes. Fill in the det      | ails                     |                                |                                    |   |                                    |
|              |                           |                          | Debtor 1                       |                                    | Debtor 2                                  |                                    |
|              |                           |                          | Sources of income              | Gross income                       | Sources of income                         | Gross income                       |
|              |                           |                          | Check all that apply           | (before deductions                 | Check all that apply                      | (before deductions                 |
|              |                           |                          |                                | and exclusions)                    |   | and exclusions)                    |
|              | From January 1 o          | of current vear          | Wages, commissions,            | \$17,400(est)                      | Wages, commissions,                       |                                    |
|              |                           |                          | bonuses, tips                  |                                    | bonuses, tips                             |                                    |
|              | until the date you        | a filed for              | Operating a business           |                                    | Operating a business                      |                                    |
|              |                           |                          |                                |                                    |   |                                    |
|              | For last calendar         | · vear:                  | Wages, commissions,            | \$4,714                            | Wages, commissions,                       |                                    |
|              |                           |                          | bonuses, tips                  |                                    | bonuses, tips                             |                                    |
|              | (January 1 to Dec         | cember 31, 2015)         | Operating a business           |                                    | Operating a business                      |                                    |
|              |                           |                          |                                |                                    |   |                                    |
|              | For the calendar          | year before that         | Wages, commissions,            | \$5,000(est)                       | Wages, commissions,                       |                                    |
|              | For the calendar          | year before that:        | bonuses, tips                  | φ3,000(est)                        | bonuses, tips                             |                                    |
|              | (January 1 to Dec         | cember 31, 2014)         | Operating a business           |                                    | Operating a business                      |                                    |
|              |                           |                          | ., 3                           |                                    | 5 p 3 c 3 c 3 c 3 c 3 c 3 c 3 c 3 c 3 c 3 |                                    |
| lot          | No.  Yes. Fill in the det |                          |                                | ius, money conected noi            | m lawsuits; royalties; and gambling       | y anu                              |
|              |                           |                          | Debtor 1                       |                                    | Debtor 2                                  |                                    |
|              |                           |                          | Sources of income              | Gross income                       | Sources of income                         | Gross income                       |
|              |                           |                          | Describe below.                | (before deductions and exclusions) | Describe below.                           | (before deductions and exclusions) |
|              |                           |                          |                                | una exelucione)                    |   | and exclusions)                    |
| Part         | 3: List Certain           | Payments You Made Before | e You Filed for Bankruptcy     |                                    |   |                                    |
|              |                           |                          |                                |                                    |   |                                    |
|              |                           |                          |                                |                                    |   |                                    |
|              |                           |                          |                                |                                    |   |                                    |
|              |                           |                          |                                |                                    |   |                                    |
|              |                           |                          |                                |                                    |   |                                    |
|              |                           |                          |                                |                                    |   |                                    |
|              |                           |                          |                                |                                    |   |                                    |
|              |                           |                          |                                |                                    |   |                                    |
|              |                           |                          |                                |                                    |   |                                    |
|              |                           |                          |                                |                                    |   |                                    |
|              |                           |                          |                                |                                    |   |                                    |
|              |                           |                          |                                |                                    |   |                                    |
|              |                           |                          |                                |                                    |   |                                    |
|              |                           |                          |                                |                                    |   |                                    |
|              |                           |                          |                                |                                    |   |                                    |
|              |                           |                          |                                |                                    |   |                                    |
|              |                           |                          |                                |                                    |   |                                    |

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| Debto | or 1  | Warrin   | Elijah                     | Porter                      | _                          | Case Number (if known) _                              |  |  |  |
|-------|---|--|----------------------------|-----------------------------|----------------------------|---|--|--|--|
|       |   | First Name   | Middle Name                | Last Name                   |                            |   |  |  |  |
| 06    | Are   | either Debtor 1's or De                            | ebtor 2's debts primarily  | consumer debts?             |                            |   |  |  |  |
|       |   | No. Neither Debtor 1 n                             | or Debtor 2 has primari    | ily consumer debts. Cor     | nsumer debts are define    | ed in 11 U.S.C. § 101(8) a                            | s  |  |  |
|       |   | "incurred by an ind                                | ividual primarily for a pe | rsonal, family, or househ   | old purpose."              |   |  |  |  |
|       |   | During the 90 days                                 | before you filed for ban   | kruptcy, did you pay any    | creditor a total of \$6,22 | 25* or more?  |  |  |  |
|       |   | No. Go to line                                     | 7                          |                             |                            |   |  |  |  |
|       |   | _  | 1.                         |                             |                            |   |  |  |  |
|       |   | ∐<br>  |                            |                             | <b>5</b> *                 |   |  |  |  |
|       |   |  |                            | you paid a total of \$6,22  |                            |   |  |  |  |
|       |   | •  | ·                          | not include payments fo     | • •                        | •   |  |  |  |
|       |   |  | -                          | t include payments to an    | -                          |   |  |  |  |
|       |   | * Subject to adjustment                            | on 4/01/16 and every 3     | years after that for cases  | s filed on or after the da | ate of adjustment.                                    |  |  |  |
|       |   | Yes. Debtor 1 or Debt                              | or 2 or both have prima    | rily consumer debts.        |                            |   |  |  |  |
|       |   | During the 90 day                                  | s before you filed for ba  | nkruptcy, did you pay an    | y creditor a total of \$60 | 00 or more?   |  |  |  |
|       |   | No. Go to line                                     | 7.                         |                             |                            |   |  |  |  |
|       |   | Ves List help                                      | w each creditor to whom    | you paid a total of \$600   | or more and the total a    | mount you naid that                                   |  |  |  |
|       |   |  |                            |                             |                            |   |  |  |  |
|       |   | creditor. Do no                                    | ot include payments for t  | domestic support obligation | ons, such as child supp    | oort and  |  |  |  |
|       |   |  |                            | Dates of                    | Total amount paid          | Amount you still                                      | Was this payment                                   |  |  |
|       |   |  |                            | payments                    | Total amount paid          | owe   | for  |  |  |
|       | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |  |                            |                             |                            |   |  |  |  |
|       | П,  | Yes. List all payments to                          | o an insider.              | Dates of                    | Total amount               | A   | December this manner                               |  |  |
|       |   |  |                            | Dates of payment            | Total amount paid          | Amount you still owe                                  | Reason for this payment                            |  |  |
| 08    | Inclu   | efited an insider?<br>ude payments on debts<br>No. | guaranteed or cosigned     |                             | transfer any property of   | on account of a debt that                             |  |  |  |
|       | Ш   | Yes. List all payments to                          | o an insider.              |                             |                            |   |  |  |  |
|       |   |  |                            | Dates of payment            | Total amount paid          | Amount you still owe                                  | Reason for this payment<br>Include creditor's name |  |  |
|       |   |  |                            |                             | <b>P</b>                   |   |  |  |  |
|       | Art 4:  | , ,  | ons, Repossessions, and l  | ou a party in any lawsuit   | t court action, or admir   | pietrativo proceeding?                                |  |  |  |
| 00    | List  |  | ing personal injury cases  |                             |                            | nstrative proceeding?<br>s, paternity actions, suppor | t or custody                                       |  |  |
|       | =   | No.  |                            |                             |                            |   |  |  |  |
|       | П,  | Yes. Fill in the details.                          |                            | Nature of the case          | Court or                   | agency  | Status of the case                                 |  |  |
|       |   |  |                            |                             | 500.101                    |   |  |  |  |
|       |   |  |                            |                             |                            |   |  |  |  |
|       |   |  |                            |                             |                            |   |  |  |  |
|       |   |  |                            |                             |                            |   |  |  |  |
|       |   |  |                            |                             |                            |   |  |  |  |

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| Debto | or 1   | vvaiiii                         | Elijali   | Forter                                      | Case Number (if know                  | n)              |                   | - |
|-------|--------|---------------------------------|---|---|---------------------------------------|-----------------|-------------------|---|
|       |        | First Name                      | Middle Name   | Last Name                                   |                                       |                 |                   |   |
| 10    |        |                                 | ifiled for bankruptcy, was an fill in the details below.  | ny of your property repossessed,            | foreclosed, garnished, attached, sei  | zed, or levied? |                   |   |
|       |        | No. Go to line 11               |   |   |                                       |                 |                   |   |
|       |        | Yes. Fill in the inform         | nation below.   |   |                                       |                 |                   |   |
| 11    |        |                                 | you filed for bankruptcy, di<br>nake a payment because yo |   | or financial institution, set off any | amounts from    | your              |   |
|       | =      | No. Go to line 11               |   |   |                                       |                 |                   |   |
| 12    | With   |                                 |   |   | session of an assignee for the ben    | efit of         |                   |   |
|       |        | No.                             | ,   | ,   |                                       |                 |                   |   |
| F     | art 5  | List Certain Gift               | ts and Contributions                                      |   |                                       |                 |                   |   |
| 13    | Witl   | hin 2 years before y            | ou filed for bankruptcy, did                              | d you give any gifts with a total v         | alue of more than \$600 per persor    | ?               |                   |   |
|       |        | No.                             |   |   |                                       |                 |                   |   |
| 14    |        | Yes. Fill in the detail         |   | d you give any gifts or contributi          | ons with a total value of more thar   | ₁\$600 to any c | harity?           |   |
|       |        | No.<br>Yes. Fill in the detail: | s for each gift   |   |                                       |                 |                   |   |
| ı.    | art 6  |                                 | · ·   |   |                                       |                 |                   |   |
| 15    |        | hin 1 year before yo            | u filed for bankruptcy or si                              | ince you filed for bankruptcy, did          | l you lose anything because of the    | ft, fire, other |                   |   |
|       | =      | No.<br>Yes. Fill in the detail  | o for each gift   |   |                                       |                 |                   |   |
| F     | Part 7 |                                 | yments or Transfers                                       |   |                                       |                 |                   |   |
| 16    | any    | one you consulted a             | about seeking bankruptcy                                  | or preparing a bankruptcy petition          |                                       | -               |                   |   |
|       |        | -                               | bankruptcy petition prepar                                | ers, or credit counseling agencie           | es for services required in your ba   | пкгиртсу.       |                   |   |
|       |        | No.<br>Yes. Fill in the detail: | _   |   |                                       |                 |                   |   |
|       |        |                                 | S   |   |                                       |                 |                   |   |
|       | l      | Party Contact Info              |   | Description and value of any<br>transferred | • •                                   | Date payment or | Amount of payment |   |
|       |        | Geraci Law L.L.C.               |   |   |                                       |                 | \$1,235.00        |   |
|       |        | 55 E. Monroe Stree              | et #3400  |   |                                       |                 |                   |   |
|       |        | Chicago,IL 60603                |   |   |                                       |                 |                   |   |
|       |        |                                 |   |   |                                       |                 |                   |   |
|       |        |                                 |   |   |                                       |                 |                   |   |
|       |        |                                 |   |   |                                       |                 |                   |   |
|       |        |                                 |   |   |                                       |                 |                   |   |
|       |        |                                 |   |   |                                       |                 |                   |   |
|       |        |                                 |   |   |                                       |                 |                   |   |
|       |        |                                 |   |   |                                       |                 |                   |   |
|       |        |                                 |   |   |                                       |                 |                   |   |
|       |        |                                 |   |   |                                       |                 |                   |   |

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| Debtor 1               | 1 <u>vvaiiiii                                </u>   | all  | Forter  |                        | Case Number (n                       | · known)          |                  |                           |
|------------------------|---|--|---|------------------------|--------------------------------------|-------------------|------------------|---------------------------|
|                        | First Name Midd   | dle Name                                   | Last Name   |                        |                                      |                   |                  |                           |
|                        | Party Contact Info  |  | escription and value of ansferred                     | any property           |                                      | Date payment of   | Amoun            |                           |
|                        | Hananwill Credit Counseling   | Cr   | edit Counseling Services                              | 3                      |                                      | 2016              | \$25.00          |                           |
|                        | 115 N. Cross St.  |  |   |                        |                                      |                   |                  |                           |
|                        |   |  |   |                        |                                      |                   |                  |                           |
|                        | Robinson, IL 62454  |  |   |                        |                                      |                   |                  |                           |
|                        |   |  |   |                        |                                      |                   |                  |                           |
|                        |   |  |   |                        |                                      |                   |                  |                           |
|                        |   |  |   |                        |                                      |                   |                  |                           |
| а                      | Vithin 1 year before you filed for ba<br>nyone who promised to help you o<br>o not include any payment or tran  | deal with your credit                      | ors or to make payment                                |                        | = :                                  | property to       |                  |                           |
|                        | No.   |  |   |                        |                                      |                   |                  |                           |
| _                      | Yes. Fill in the details.   |  |   |                        |                                      |                   |                  |                           |
| L                      | → Yes. Fill in the details.   |  |   |                        |                                      |                   |                  |                           |
| p<br>Ir                | Vithin 2 years before you filed for be<br>property transferred in the ordinary<br>nclude both outright transfers and<br>property). Do not include gifts and t | course of your busi<br>transfers made as s | ness or financial affairs<br>ecurity (such as the gra | ?<br>Inting of a secur |                                      |                   | r                |                           |
| Г                      | ☐ No.   |  |   |                        |                                      |                   |                  |                           |
|                        | Yes. Fill in the details for each gif   | Ť  |   |                        |                                      |                   |                  |                           |
|                        | g   | -  | Danish day and sales of                               |                        | D                                    |                   | d                | Data turnafan             |
|                        |   |  | Description and value of<br>transferred               | property               | Describe any proport debts paid in e |                   | s received       | Date transfer<br>was made |
|                        | lum lum and   |  | 1995 Volvo 850  |                        | Sold for scrap va                    | alue, \$100 recei | ved              | 09/21/2016                |
|                        | Junkyard  | <del></del>                                |   |                        |                                      |                   |                  |                           |
|                        |   |  |   |                        |                                      |                   |                  |                           |
|                        |   |  |   |                        |                                      |                   |                  |                           |
|                        |   |  |   |                        |                                      |                   |                  |                           |
|                        | Person's relationship to you N  | I/A  |   |                        |                                      |                   |                  | _                         |
|                        | Vithin 10 years before you filed for<br>eneficiary? (These are often called   |  |   | o a self-settled t     | rust or similar d                    | evice of which    | you are a        |                           |
| ı                      | No.   |  |   |                        |                                      |                   |                  |                           |
|                        | Yes. Fill in the details for each gif   | ft.  |   |                        |                                      |                   |                  |                           |
|                        |   |  |   |                        |                                      |                   |                  |                           |
| Par                    | List Certain Financial Accoun   | nts, Instruments, Safe                     | Deposit Boxes, and Stor                               | age Units              |                                      |                   |                  |                           |
| <sup>20</sup> <b>v</b> | Vithin 1 year before you filed for ba   | ankruptcy, were any                        | financial accounts or in                              | struments held         | in your name, or                     | for your          |                  |                           |
|                        | enefit, closed, sold, moved, or trar<br>nclude checking, savings, money r   |  | ncial accounts: cortifica                             | itae of danoeit: s     | haroe in hanke                       | credit unions     |                  |                           |
|                        | rokerage houses, pension funds, o   |  |   |                        | marcs in banks,                      | cicuit umons,     |                  |                           |
|                        | No.   |  |   |                        |                                      |                   |                  |                           |
|                        | Yes. Fill in the details.   |  |   |                        |                                      |                   |                  |                           |
|                        |   | Last 4 digits                              | of account number                                     | Type of account        |                                      | count was         | Last balance be  |                           |
|                        |   |  |   | instrument             | closed,<br>moved,                    |                   | closing or trans | ster                      |
|                        |   |  |   |                        |                                      |                   |                  |                           |
|                        | Do you now have, or did you have vecurities, cash, or other valuables   | =  | you filed for bankruptcy                              | , any safe depos       | sit box or other o                   | lepository for    |                  |                           |
| _                      | No.   |  |   |                        |                                      |                   |                  |                           |
|                        | Yes. Fill in the details.   |  |   |                        |                                      |                   |                  |                           |
|                        | → res. Fiii iii the details.  | Who else ha                                | ad access to it?                                      | Describe               | the contents                         |                   | Do you           |                           |
|                        |   |  |   |                        |                                      |                   | still have       |                           |
|                        |   |  |   |                        |                                      |                   |                  |                           |

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| Debtor | r 1          | Warrin                          | Elijah           | Porter                                   | Case Number (if known)                       |                    |   |
|--------|--------------|---------------------------------|------------------|--|--|--------------------|---|
|        |              | First Name                      | Middle Name      | Last Name                                |  |                    |   |
| 22     | Hav          | e you stored property in a s    | storage unit o   | or place other than your home within     | 1 year before you filed for bankruptcy?      |                    |   |
|        | _            | NI-                             |                  |  |  |                    |   |
|        | =            | No.                             |                  |  |  |                    |   |
|        | Ш            | Yes. Fill in the details.       |                  |  | 5 " "  | -                  |   |
|        |              |                                 |                  | Who else has or had access to it?        | Describe the contents                        | Do you still have  |   |
|        |              | Identify Property You Ho        | ald an Camtual   | for Company Elec                         |  |                    |   |
| Lit    | art 9        | ruentily Property Tou Ho        | old of Colleton  | ioi Someone Eise                         |  |                    | - |
|        |              | you hold or control any pro     | perty that so    | meone else owns? Include any prope       | erty you borrowed from, are storing for, or  |                    |   |
|        |              | No.                             |                  |  |  |                    |   |
|        |              | Yes. Fill in the details.       |                  |  |  |                    |   |
|        |              |                                 |                  | Where is the property?                   | Describe the property                        | Value              |   |
|        |              |                                 |                  |  |  |                    |   |
| Par    | rt 10        | Give Details About Envir        | ronmental Info   | ormation                                 |  |                    | _ |
| For t  | the          | purpose of Part 10, the follo   | wing definiti    | ons apply:                               |  |                    |   |
|        |              |                                 |                  |  |  |                    |   |
|        |              | _                               |                  | <del>-</del>                             | ning pollution, contamination, releases of   |                    |   |
|        |              | •                               | •                | , , ,                                    | water, groundwater, or other medium,         |                    |   |
| _ "    | пси          | during statutes or regulations  | s controlling    | the cleanup of these substances, wa      | stes, or material.                           |                    |   |
|        | Site         | means any location, facility    | , or property    | as defined under any environmental       | law, whether you now own, operate, or utiliz | e                  |   |
| it     | t or         | used to own, operate, or uti    | ilize it, includ | ling disposal sites.                     | •  |                    |   |
|        |              |                                 |                  |  |  |                    |   |
|        |              | =                               | _                | onmental law defines as a hazardous      | s waste, hazardous substance, toxic          |                    |   |
| S      | sups         | stance, hazardous material,     | pollutant, co    | ntaminant, or similar term.              |  |                    |   |
|        |              |                                 |                  |  |  |                    |   |
| 24     | Has          | s any governmental unit not     | ified you that   | you may be liable or potentially liabl   | e under or in violation of an environmental  |                    |   |
|        | law          | ?                               |                  |  |  |                    |   |
|        |              | No.                             |                  |  |  |                    |   |
|        |              | Yes. Fill in the details.       |                  |  |  |                    |   |
|        | _            | roo. r iii iir tiro dotallo.    |                  | Governmental unit                        | Environmental law, if you know it            | Date of notice     |   |
|        |              |                                 |                  |  |  |                    |   |
| 25     | Hav          | e you notified any governm      | ental unit of    | any release of hazardous material?       |  |                    |   |
|        |              | No.                             |                  |  |  |                    |   |
|        |              | Yes. Fill in the details.       |                  |  |  |                    |   |
|        | _            | res. I ili ili tile detalis.    |                  | Governmental unit                        | Environmental law, if you know it            | Date of notice     |   |
|        |              |                                 |                  |  |  |                    |   |
|        |              |                                 | idicial or adn   | ninistrative proceeding under any en     | vironmental law? Include settlements and     |                    |   |
| '      | ord          | ers.                            |                  |  |  |                    |   |
|        |              | No.                             |                  |  |  |                    |   |
|        |              | Yes. Fill in the details.       |                  |  |  |                    |   |
|        |              |                                 |                  | Court or agency                          | Nature of the case                           | Status of the case |   |
|        |              |                                 |                  |  |  |                    |   |
| Par    | <b>(</b> 111 | Give Details About Your         | Business or C    | connections to Any Business              |  |                    | _ |
| 27     | Witl         | hin 4 years before you filed    | for bankrupt     | cy, did you own a business or have a     | ny of the following connections to any       |                    |   |
|        | hus          | iness?                          |                  |  |  |                    |   |
|        | 540          | _                               |                  |  |  |                    |   |
|        |              |                                 |                  | a trade, profession, or other activity   |  |                    |   |
|        |              | П                               |                  | any (LLC) or limited liability partnersh | nip (LLP)                                    |                    |   |
|        |              | A partner in a partnersh        | ip               |  |  |                    |   |
|        |              | An officer, director, or m      | nanaging exe     | cutive of a corporation                  |  |                    |   |
|        |              | An owner of at least 5%         | of the voting    | or equity securities of a corporation    |  |                    |   |
|        |              |                                 |                  |  |  |                    |   |
|        |              | No. None of the above applied   | es. Go to Par    | t 12.                                    |  |                    |   |
|        |              | Yes. Check all that apply about | ove and fill in  | the details below for each business.     |  |                    |   |
|        |              | · · ·                           |                  |  |  |                    |   |

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|                  | financial institutions, creditors, or other    | cy, did you give a financial statement to anyone about your business ? Include all<br>ties.  |
|------------------|--|--|
|                  | No.  |  |
| [                | Yes. Fill in the details.                      |  |
|                  |  | Date issued  |
| Part             | 112: Sign Below                                |  |
| the<br>pro<br>or | e answers are true and correct. I unders       | Financial Affairs and any attachments, and I declare under penalty of perjury that d that making a false statement, concealing property, or obtaining money or uptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, |
| >                | 🕻 /s/ Warrin Elijah Porter                     | ×  |
|                  | Signature of Debtor 1<br>09/23/2016            | Signature of Debtor 2  |
|                  | d you attach additional pages to <i>Your</i> S | ment of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |
|                  | Yes  |  |
| Die              |  | not an attorney to help you fill out bankruptcy forms?   |
| Ē                | No Yes. Name of person                         | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).   |
|                  |  |  |

| Fill in this i  | Caso 16 20<br>information to identify yo   |   | Filed 00/26/16 Enter                    | ed 09/26/16 10:00:48<br>7 of 61   | Desc Main   |       |
|---|--|---|---|---|---|-------|
| Debtor 1  | Warrin   | Elijah  | Porter                                  |   |   |       |
|   | First Name   | Middle Name   | Last Name                               |   |   |       |
| Debtor 2  |  |   |   |   |   |       |
| (Spouse, if filing)   | First Name   | Middle Name   | Last Name                               |   |   |       |
| 1   | es Bankruptcy Court for the : _<br>_ District of <u>ILLINOIS</u> _   | NORTHERN DISTRICT O   | F ILLINOIS EASTERN                      |   | _   |       |
| DIVIOION  | District of <u>ILLINOIO</u>  |   | (State)                                 |   | Check if this is an amended filing                  |       |
| Stateme  If you are an in creditors ha you have led You must file to whichever is ealf two married Both debtors in Be as complete | ndividual filing under cha<br>ave claims secured by yo<br>ased personal property a<br>this form with the court we<br>earlier, unless the court e<br>people are filing togethe<br>must sign and date the fo | apter 7, you must fill out ur property, or and the lease has not experithin 30 days after you extends the time for causer in a joint case, both arorm.  Die. If more space is need nown). |   | he date set for the meeting of credi<br>e creditors and lessors you list.<br>correct information. |   | 12/15 |
| For any cre     informatio  | <del>-</del>   | Part 1 of Schedule D: C   | reditors Who Have Claims Secured        | by Property (Official Form 106D), fi  | ill in the  |       |
| Identify the  | e creditor and the proper  | ty that is collateral   | What do you intend to d secures a debt? | o with the property that  | Did you claim the property as exempt on Schedule C? |       |
| Creditor's  | S  |   | ☐ Surrender the                         | property  | ☐ No  |       |
| name:   |  |   | Retain the pro                          | perty and redeem it   | Yes   |       |
| Descripti   | ion of   |   | Retain the pro                          | perty and enter into a  | <b>—</b>  |       |
| property  |  |   | Reaffirmation A                         | Agreement.  |   |       |
| securing  | debt:  |   | Retain the pro                          | perty and [explain]:  |   |       |
|   |  |   |   |   | <u> </u>  |       |
| Creditor's  | S  |   | ☐ Surrender the                         | property  | ☐ No  |       |
| name:   |  |   | Retain the pro                          | perty and redeem it   | _<br>□ Yes  |       |
| Descripti   | ion of   |   | Retain the pro                          | perty and enter into a  | <b>—</b> · · · ·                                    |       |
| property  |  |   | Reaffirmation A                         | Agreement.  |   |       |
| securing  |  |   | Retain the pro                          | perty and [explain]:  |   |       |

☐ No Creditor's ☐ Surrender the property name: Retain the property and redeem it Yes Retain the property and enter into a Description of Reaffirmation Agreement. property securing debt: Retain the property and [explain]: \_ □No Creditor's ☐ Surrender the property name: Retain the property and redeem it Yes Retain the property and enter into a Description of Reaffirmation Agreement. property securing debt: Retain the property and [explain]: Page 1 of 2 Official Form 108 Record # 699070 Statement of Intention for Individuals Filing Under Chapter 7

Debtor 1

Part 2:

Warrin

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First Name

**List Your Unexpired Personal Property Leases** 

| fill in the information below. Do not list real estate  | r any unexpired personal property lease that you listed in <i>Schedule G: Executory Contracts and Unexpired Leases</i> (Official Form 106G), in the information below. Do not list real estate leases. <i>Unexpired leases</i> are leases that are still in effect; the lease period has not yet ded. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). |                            |  |  |  |  |  |  |
|---|---|----------------------------|--|--|--|--|--|--|
| Describe your unexpired personal property lea   | ases  | Will the lease be assumed? |  |  |  |  |  |  |
| Lessor's name:  |   | ☐ No                       |  |  |  |  |  |  |
| Description of leased property:   |   | ☐ Yes                      |  |  |  |  |  |  |
| Lessor's name:  |   | □ No                       |  |  |  |  |  |  |
| Description of leased property:   |   | Yes                        |  |  |  |  |  |  |
| Lessor's name:  |   | □No                        |  |  |  |  |  |  |
| Description of leased property:   |   | Yes                        |  |  |  |  |  |  |
| Lessor's name:  |   | □No                        |  |  |  |  |  |  |
| Description of leased property:   |   | □Yes                       |  |  |  |  |  |  |
| Lessor's name:  |   | No                         |  |  |  |  |  |  |
| Description of leased property:   |   | □Yes                       |  |  |  |  |  |  |
| Lessor's name:  |   | No                         |  |  |  |  |  |  |
| Description of leased property:   |   | □Yes                       |  |  |  |  |  |  |
| Lessor's name:  |   | □ No                       |  |  |  |  |  |  |
| Description of leased property:   |   | ☐ Yes                      |  |  |  |  |  |  |
| Part 3: Sign Below  |   |                            |  |  |  |  |  |  |
| Under penalty of perjury, I declare that I have indicate the second property that is subject to an unexpired le | ated my intention about any property of my estate that secures ease.  | a debt and any             |  |  |  |  |  |  |
| 🗶 /s/ Warrin Elijah Porter  | _ *   |                            |  |  |  |  |  |  |
| Signature of Debtor 1   | Signature of Debtor 2   |                            |  |  |  |  |  |  |
| Dated: 09/23/2016  MM / DD / YYYY   | Date<br>MM / DD / YYYY  |                            |  |  |  |  |  |  |
| / 22 / 1111   | 101101 / 20 / 1111  |                            |  |  |  |  |  |  |

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court

|      |                           | NORTHERN  | DISTRICT OF ILLINOIS EASTER   | KN DIVISIO                     | JN                                       |                        |
|------|---------------------------|---|---|--------------------------------|--|------------------------|
| ln 1 | re                        |   |   |                                |  |                        |
| Wa   | ırrin Elijah              | Porter / Debtor   |   | Case No:                       |  |                        |
|      |                           |   |   | Chapter:                       | Chapter 7                                |                        |
|      |                           | DISCLOSURE O  | OF COMPENSATION OF ATTORNI  | EY FOR DEB                     | BTOR                                     |                        |
|      | npensation p              | o 11 U.S.C. § 329(a) and Fed. Bankr. P. paid to me within one year before the filipe rendered on behalf of the debtor(s) in | 2016(b), I certify that I am the attorned ing of the petition in bankruptcy, or agr | y for the abovereed to be paid | e named debtor(s<br>d to me, for service | ces                    |
|      | For legal                 | services, I have agreed to accept   | \$1,895.00  |                                |  |                        |
|      | Prior to th               | ne filing of this statement I have received   | d <b>\$1,235.00</b>   |                                |  |                        |
|      | Balance I                 | Due   | \$660.00  |                                |  |                        |
| 2.   | The source                | e of the compensation paid to me was:   |   |                                |  |                        |
|      | Deb                       | otor(s) Other: (specify   |   |                                |  |                        |
| 3.   | The source                | e of compensation to be paid to me is:  |   |                                |  |                        |
|      | De                        | btor(s) Other: (specify   |   |                                |  |                        |
| 4.   |                           | e not agreed to share the above-disclosed y law firm.   | d compensation with any other person  | unless they ar                 | e members and a                          | ssociates              |
|      |                           | e agreed to share the above-disclosed co<br>y law firm. A copy of the agreement, to<br>hed.                                 |   |                                |  |                        |
| 5.   | In return for case, inclu | or the above-disclosed fee, I have agreed ding:   | d to render legal service for all aspects   | of the bankrup                 | ptcy                                     |                        |
|      | a. Analy                  | ysis of the debtor's financial situation, a   | and rendering advice to the debtor in de  | termining who                  | ether to file a peti                     | ition in               |
|      | bankı                     | ruptcy;   |   |                                |  |                        |
|      | b. Prepa                  | aration and filing of any petition, schedu  | iles, statements of affairs and plan whic   | h may be requ                  | uired;                                   |                        |
|      | c. Repre                  | esentation of the debtor at the meeting of  | f creditors and confirmation hearing, an  | nd any adjour                  | ned hearings ther                        | eof;                   |
|      | d. Repre                  | esentation of the debtor in adversary pro   | oceedings and other contested bankrupto   | cy matters;                    |  |                        |
|      | e. [Othe                  | er provisions as needed]  |   |                                |  |                        |
| 6.   | By agreem                 | nent with the debtor(s), the above-disclos  | sed fee does not include the following  | service:                       |  |                        |
| cha  |                           | <b>NOT</b> include missed meeting or cll lien avoidances, dischargeability action   |   |                                | •  | conversions to another |
|      |                           |   | CERTIFICATION   |                                |  |                        |
|      |                           |   | mplete statement of any agreement or a  | rrangement fo                  | or                                       |                        |
|      |                           | payment to<br>me for representation of the debtor(s)<br>Date: 09/23/2016  | in this bankruptcy proceedings. /s/ David Kosk                                      |                                |  |                        |
|      |                           | Date Date   | Signature of Attorney   |                                |  |                        |
|      |                           |   |   |                                |  |                        |

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Geraci Law L.L.C. Name of law firm

Case 16-30486

Consultation Attorney: AND

Date: 2/2/2016

Record #: 699-070



## Chapter 7 Retainer Agreement

The undersigned hires Geraci Law L.L.C. and its associated attorneys for representation in a Chapter7 bankruptcy under the following terms and conditions:

\_. This amount does NOT INCLUDE court filing fees of \$335, or costs Attorney fees for the Chapter 7 bankruptcy are \$ for credit counseling or financial management classes. This fee is based on the anticipated amount of work required to complete my case, and upon the information I have provided to date. If any information is incomplete or incorrect, the advice or Chapter may have to change, and this fee may have to be adjusted. This fee includes all work in the representation of my normal Chapter7, including preparation of my bankruptcy petition, schedules and other documents, first341 meeting, reaffirmations, normal correspondence with my creditors and myself, but does NOT include excessive work caused by you, missed341 meetings, reopening the case, amendments to schedules, work on audits or asset cases, objections to exemptions, conversion to another chapter, evidentiary hearings, other contested matters or motions, or adversary proceedings, because these cannot be predicted in setting a flat fee. For work done on these matters, we bill between \$275/hr and \$450/hr for attorney time, based on the attorney doing the work, and \$85 to \$125/hr paralegal time. I agree that more than one attorney and paralegal will work on my case.

Fees are "flat fees" and "advance payment retainers" for pre-filing work, become property of this firm on payment, and are deposited into the firm's operating account. Payments are applied to the "flat fee". You may elect to be billed on an hourly basis, but we have found a flat fee is cheaper and benefits you. If this contract is terminated by either party prior to the filing of the case, the firm will refund unearned fees based on the above rates with an accounting, and on request, submit any dispute to binding arbitration within 30 days. If I close my file or breach this contract I agree to pay for the work done to that time. I assign to my attorney all amounts tendered as filling fees or court costs and authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me if case is not filed.

I understand that bankruptcy laws only allow me to protect a certain amount of my property, and if I have any unprotected property, I understand my Chapter 7 Trustee can sell it if I do not or cannot buy out the Trustee's interest and that the U.S. Trustee may object to my filing a Chapter 7 if they believe I have excess income and should be filing a Chapter 13.

I agree to fully cooperate with my attorneys and provide all information requested at any point during the case. I understand that if I do not fully cooperate or provide complete and accurate information, my attorneys may withdraw from representation of me, with the permission of the Court.

If I have secured debts that I wish to retain (mortgages, financed vehicles or other financed property) that I may be required to sign a reaffirmation agreement with the creditor in order to keep the property, and I must remain current on my payments. Many mortgage and car companies refuse to reaffirm the debt but we have found that if you keep up your payments you keep the property anyway.

Debts not discharged if they not paid in full: student loans; educational debts & tuition; most tax debts: unfiled, trust fund or late filed tax; undisclosed debts; support/maintenance debts; fines, debts incurred by fraud, or after the case is filed, future condo/HOA dues,or debts listed in your red or green folder as usually not discharged, or found non-dischargeable by a Judge.

Representation limited to Bankruptcy Court We don't represent you in state court, or loan modifications or similar matters.

I cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court and I must make full disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition.

I understand that if I fail to take my financial management class after filing but before discharge, my case may be closed without a discharge, and I will be required to pay fees and costs to have it reopened. I have received the 11U.S.C § 527(a) disclosures.

|        | 2/2/16  |              |                |  |
|--------|---|--------------|----------------|--|
| Dated: |   |              |                |  |
| X      | Na fit  | X            | (Joint Debtor) |  |
|        | Varrin Porter(Debtor)                                   |              | ,              |  |
| x (    | revolute beens  |              |                |  |
| At     | torney for the Debtor(s), Representing Geraci Law L.L.C | . rev 150511 |                |  |

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Warrin Elijah Porter / Debtor Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 09/23/2016 /s/ Warrin Elijah Porter

Warrin Elijah Porter

X Date & Sign

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<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

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#### UNITED STATES BANKRUPTCY COURT

#### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

B 201A (Form 201A) (11/11) 699070 Page 1 of 2 Record #

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Form B 201A, Notice to Consumer Debtor(s)

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

#### Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 09/23/2016 | isi warrin Elijan Porter |   |  |  |
|-------------------|--------------------------|---|--|--|
|                   | Warrin Elijah Porter     |   |  |  |
| Dated: 09/23/2016 | /s/ David Kosk           |   |  |  |
|                   | Attorney: David Kosk     | _ |  |  |

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| Debtor                                  | 1 Warrin   | Elijah   | Porter   | Case Number  | (if known)   |
|---|--|--|--|--|--|
|   | First Name   | Middle Name  | Last Name  |  |  |
| Part                                    | 6: Answer These Question   | s for Reporting Purpos   | es   |  |  |
| 16.                                     | What kind of debts do<br>you have?   | as "incurred No. Go Yes. Go 16b. Are your o money for a No. Go Yes. Go | to line 16b. to line 17.  debts primarily busines business or investment of to line 16c. to line 17. | mer debts? Consumer debts are of for a personal, family, or household ess debts? Business debts are detor through the operation of the business are not consumer debts or business | ots that you incurred to obtain  |
| į.                                      | Are you filing under<br>Chapter 7?  Do you estimate that after<br>any exempt property is<br>excluded and<br>administrative expenses<br>are paid that funds will be<br>available for distribution | □ No. Iam r<br>■ Yes. Iam f<br>admir<br>■ No                           | not filing under Chapter 7. iling under Chapter 7. Do  |  | t property is excluded and<br>tribute to unsecured creditors?                          |
| 3                                       | How many creditors do you estimate that you owe?   | ■ 1-49<br>□ <sub>50-99</sub><br>□ <sub>100-199</sub>                   |  | □ 1,000-5,000<br>□ 5,001-10,000<br>□ 10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000                             |
| 19.                                     | How much do you estimate your assets to be worth?  | \$0-\$50,000<br>\$50,001-\$1<br>\$100,001-\$                           | 00,000   | □ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million  | □\$500,000,001-\$1 billion □\$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion |
| 20.                                     | How much do you estimate your liabilities to be?   | \$0-\$50,000<br>\$50,001-\$1<br>\$100,001-\$                           | 00,000   | □ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion   |
| For                                     | you  | I have examined correct.   | this petition, and I declar  | e under penalty of perjury that the ir   | nformation provided is true and  |
|   |  | If I have chosen<br>of title 11, United<br>under Chapter 7.            | l States Code. I understa  | am aware that I may proceed, if elig<br>nd the relief available under each ch  | ible, under Chapter 7, 11,12, or 13<br>napter, and I choose to proceed                 |
|   |  | If no attorney rep   | presents me and I did not<br>have obtained and read t  | pay or agree to pay someone who it<br>the notice required by 11 U.S.C. § 3   | is not an attorney to help me fill out<br>42(b).                                       |
| **************************************  | •  |  |  | apter of title 11, United States Code,   |  |
|   |  | I understand ma<br>connection with<br>both.                            | king a false statement, co<br>a bankruptcy case can re   | oncealing property, or obtaining mor<br>sult in fines up to \$250,000, or impr   | isonment for up to 20 years, or  |
| *************************************** | ·  | 18 U.S.C. §§ 15  | 3, 1341, 1519, and 3571.   | *  |  |
| (minimization)                          |  |  | · 9 / 23/20  | 16   | · · · · · · · · · · · · · · · · · · ·  |

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| Fill in this in     | formation to iden    | tify your case:                     |             |   |
|---------------------|----------------------|-------------------------------------|-------------|---|
| Debtor 1            | Warrin               | Elijah                              | Porter      |   |
|                     | First Name           | Middle Name                         | Last Name   |   |
| Debtor 2            |                      |                                     |             |   |
| (Spouse, if filing) | First Name           | Middle Name                         | Last Name   | • |
| United States       | Bankruptcy Court for | r the : <u>NORTHERN</u> District of | ILLINOIS    |   |
| Case Number         | •                    |                                     | (State)     |   |
| 0000110             |                      |                                     | <del></del> |   |

## Official Form 106 Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filling together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |  |
|--|--|
|  | <del></del>  |
| l you pay or agree to pay someone who is NOT an attor      | ney to help you fill out bankruptcy forms?                             |
| No   |  |
| Yes. Name of Person  | Attach Bankruptcy Petition Preparer's Notice, Declaration,             |
| d  | Signature (Official Form 119).   |
|  |  |
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| • · · · · · · · · · · · · · · · · · · ·                    |  |
|  |  |
| der penalty of perjury, I declare that I have read the sur | nmary and schedules filed with this declaration and that they are true |
|  | nmary and schedules filed with this declaration and that they are true |
| der penalty of perjury, I declare that I have read the sur | <b>*</b>   |
| der penalty of perjury, I declare that I have read the sur |  |

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| or 1  | Warrin                   | Elijah                     | Porter                            | Case Number (if known)                    |
|-------|--------------------------|----------------------------|-----------------------------------|---|
|       | First Name               | Middle Name                | Last Name                         |   |
|       |                          |                            |                                   |   |
|       |                          |                            |                                   |   |
|       |                          |                            |                                   |   |
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|       |                          |                            |                                   |   |
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|       |                          |                            | •                                 | ·   |
|       |                          |                            |                                   |   |
|       |                          |                            |                                   |   |
|       |                          |                            |                                   |   |
|       |                          |                            | you give a financial statement to | o anyone about your business? Include all |
| finar | icial institutions, cre  | editors, or other parties. |                                   |   |
| 1     |                          |                            |                                   |   |
|       | es. Fill in the details. |                            |                                   |   |
|       |                          | Date iss                   | ved                               |   |
|       |                          |                            |                                   |   |

No No

\_. Attach the Bankruptcy Petition Preparer's Notice,

Declaration, and Signature (Official Form 119).

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

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| ebtor 1                                 | Warrin                                  | Elijah                        | Porter  | Case Number (if known)                |
|---|---|-------------------------------|---|---------------------------------------|
|   | First Name                              | Middle Name                   | Last Name   | · · · · · · · · · · · · · · · · · · · |
| Part 2                                  | List Your Un                            | nexpired Personal Property Le | ases  |                                       |
|   |   |                               | sted in Schedule G: Executory Contracts and Uni   |                                       |
|   |   |                               | ses. Unexpired leases are leases that are still in e  |                                       |
| ended. Y                                | You may assume a                        | an unexpired personal prop    | erty lease if the trustee does not assume it. 11 U.S  | S.C. § 365(p)(2).                     |
| Des                                     | cribe your unexpi                       | red personal property lease   |   | Will the lease be assumed?            |
| Less                                    | or's name:                              |                               | entremental de la company de la compa | No                                    |
| Desc                                    | cription of lease                       | ad                            |   | ☐ Yes                                 |
| prop                                    |   | , u                           |   |                                       |
| Less                                    | or's name:                              |                               |   | □ No                                  |
| Door                                    |   |                               |   | ☐ Yes                                 |
| prope                                   | cription of lease<br>erty:              | eu                            |   |                                       |
| Less                                    | or's name:                              |                               |   | □No                                   |
| *************************************** |   |                               |   |                                       |
| Desc<br>prope                           | ription of lease                        | ed                            |   | <b>—</b> 195 .                        |
| prope                                   | orty.                                   |                               |   |                                       |
| Less                                    | or's name:                              |                               |   | □No                                   |
| Doco                                    | ription of locac                        | d                             |   | Yes                                   |
| prope                                   | ription of lease<br>erty:               | ea                            |   |                                       |
| Loop                                    |   |                               |   |                                       |
| Lesso                                   | or's name:                              |                               |   | No                                    |
| Desc                                    | ription of lease                        | d                             |   | □Yes                                  |
| prope                                   | erty:                                   |                               |   |                                       |
| Lesso                                   | or's name:                              |                               |   | □ No                                  |
|   | *************************************** |                               |   |                                       |
| Desci<br>prope                          | ription of lease                        | d                             |   | <del>_</del>                          |
| prope                                   | ercy.                                   |                               |   |                                       |
| Lesso                                   | or's name:                              |                               |   | □ No                                  |
| Danas                                   | rinting of large                        |                               |   | ☐ Yes                                 |
| prope                                   | ription of leased<br>erty:              | u                             |   |                                       |
| *************************************** | -                                       |                               |   |                                       |
| art 3:                                  | Sign Below                              |                               |   |                                       |
| der nen                                 | alty of periury 1 d                     | eclare that I have indicated  | my intention about any property of my estate that   | t coourse a debt and any              |
|   |   | bject to an unexpired lease.  | my mendon about any property of my estate that  | . secures a ueus anu any              |
| /                                       | (1.1.                                   |                               |   |                                       |
| : <u>N</u>                              | 12/x                                    |                               | *   |                                       |
| _                                       | ture of Debtor 1                        | 2                             | Signature of Debtor 2   |                                       |
|   | Dated: 9 /23                            | 5 12017                       |   |                                       |

Official Form 108

MM / DD / YYYY

Record # 699070

MM / DD / YYYY

## Case 16-30486 Doc 1 Filed 09/26/16 Entered 09/26/16 10:00:48 Desc Main

## DISCLAIMER Debtors have read and agree:

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for fimily support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LiQUIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met: (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt.
   b. Failure to keep books and records documenting your financial affairs.
   c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay.
   d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others.
   e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy.
   f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filling, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ. CHECK. & MAKE SURE OUR PETITION IS ACCURATE!!!!

| Dated: <u>9 / 23 /</u> 2016 | With                 | X Date & Sign |
|-----------------------------|----------------------|---------------|
|                             | Warrin Elijah Porter |               |

Record # 699070

Case 16-30486 Doc 1 Filed 09/26/16 Entered 09/26/16 10:00:48 Desc Main Document Page 59 of 61

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Warrin Elijah Porter / Debtor

Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 9 / 23 /2016

Warrin Elijah Porter

X Date & Sign

# Case 16-30486 Doc 1 Filed 09/26/16 Entered 09/26/16 10:00:48 Desc Main Document Page 60 of 61

| De  | btor 1          | Warrin                                  | Elijah  | Porte                            | r                          |                    | Case Number (if known)    |                    |        |  |   |
|-----|-----------------|---|---|----------------------------------|----------------------------|--------------------|---------------------------|--------------------|--------|--|---|
| *   |                 | First Name                              | Middle Name   | Last Nar                         | ne                         |                    |                           |                    |        |  | •                                       |
|     |                 |   |   |                                  |                            |                    | Column A  Debtor 1        | Column<br>Debtor 2 | 2 or   |  |   |
|     |                 |   |   |                                  |                            |                    |                           | non-filir          | Q      |  |   |
| 8.  |                 | ployment comp                           |   |                                  |                            |                    | \$0.00                    | <u> </u>           | \$0.00 |  |   |
|     | Do no<br>under  | t enter the amou<br>the Social Secu     | Int if you contend that the amount in<br>rity Act. Instead, list it here:   | received was a                   | benefit                    |                    |                           |                    |        |  |   |
|     | For y           | ou                                      |   |                                  |                            |                    |                           |                    |        |  | •                                       |
|     | For y           | our spouse                              |   |                                  |                            |                    |                           |                    |        |  |   |
| 9.  | Pens<br>benef   | ion or retirement<br>fit under the Soc  | at income. Do not include any amo<br>ial Security Act.  | ount received th                 | nat was a                  |                    | \$0.00                    |                    | \$0.00 |  |   |
| 10  | Do no<br>as a v | ot include any be<br>victim of a war cr | r sources not listed above. Speci<br>mefits received under the Social S<br>ime, a crime against humanity, or<br>y, list other sources on a separate | ecurity Act or printernational o | ayments rece<br>r domestic |                    |                           |                    |        |  |   |
|     | 10a             |   |   |                                  |                            |                    | \$0.00                    | \$                 | 0.00   |  |   |
|     | 10b             |   | · · · · · · · · · · · · · · · · · · ·   |                                  |                            |                    | \$ 0.00                   |                    | \$0.00 |  |   |
|     | 10c. T          | otal amounts fro                        | m separate pages, if any.   |                                  |                            |                    | \$0.00                    |                    | \$0.00 |  |   |
| 11. |                 |   | current monthly income. Add lines<br>total for Column A to the total for  |                                  | for each                   |                    | \$2,167.85 +              |                    | \$0.00 | = [                                    | \$2,167.85                              |
|     |                 |   |   |                                  |                            |                    |                           |                    |        |  |   |
| P   | art 2:          | Determine 1                             | Whether the Means Test Applies to   | You                              |                            |                    |                           |                    |        |  |   |
| 12  | Calcu           | ilate vour currer                       | nt monthly income for the year. F   | ollow these str                  | ne'                        |                    |                           |                    |        |  |   |
|     |                 | · ·                                     | current monthly income from line  |                                  | •                          |                    | Copy line 11 here         |                    | 12a.   |  | \$2,167.85                              |
|     |                 |   | the number of months in a year).  |                                  |                            |                    | .,                        |                    |        | •••••                                  | x 12                                    |
|     | 12b.            | The result is you                       | ur annual income for this part of the   | e form.                          |                            |                    |                           |                    | 12b.   | ······································ | \$26,014.20                             |
| 13. | Calcu           | late the median                         | family income that applies to yo  | u. Follow these                  | e steps:                   |                    |                           |                    | 8      |  | ·····                                   |
|     | Fill in         | the state in which                      | h vou live  | г                                |                            |                    |                           |                    |        |  |   |
|     |                 |   | •   | Ĺ                                | IL<br>—————                |                    |                           |                    |        |  |   |
|     | Fill in         | the number of po                        | eople in your household.  |                                  | 2                          |                    |                           |                    |        |  |   |
|     | To fine         | d a list of applica                     | ly income for your state and size o<br>able median income amounts, go o<br>m. This list may also be available a                                     | online using the                 | link specified             | d in the separate  |                           |                    | 13.    |  | \$63,896.00                             |
| 14. | How o           | do the lines com                        | npare?  |                                  |                            |                    |                           |                    |        |  |   |
|     | 14a. [          | x line 12b is les<br>Go to Part 3.      | ss than or equal to line 13. On the   | top of page 1,                   | check box 1,               | There is no presu  | ımption of abuse.         |                    |        |  |   |
|     | 14b. [          |   | ore than line 13. On the top of page<br>nd fill out Form 122A-2.  | e 1, check box                   | 2, The presu               | umption of abuse i | s determined by Form 1    | 22A-2.             |        |  |   |
| Р   | art 3:          | Sign Below                              |   |                                  |                            |                    |                           |                    |        |  |   |
|     |                 | By signing here,                        | I declare under penalty of perjury  | that the inform                  | nation on this             | statement and in a | any attachments is true a | and correct.       |        |  |   |
|     |                 |   | Warrin Elijah Porter  |                                  |                            |                    |                           |                    |        |  | *************************************** |
|     |                 | Date:: 🥞                                | <u>/ 23 /</u> 2016  |                                  |                            |                    |                           |                    |        |  | *************************************** |
|     |                 | If you checked li                       | ne 14a, do NOT fill out or file Form  | n 122A-2.                        |                            |                    |                           |                    |        |  |   |
|     |                 | lf you checked li                       | ne 14b, fill out Form 122A-2 and fi   | ile it with this fo              | orm.                       |                    |                           |                    |        |  |   |

Form B 201A, Notice to Consumer Debtor(s)

In re Warrin Elijah Porter / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 9 / 23 /2016

Warrin Elijah Porter

X Date & Sign

Dated: 9 / 23 /2016

Attorney: David Kosk